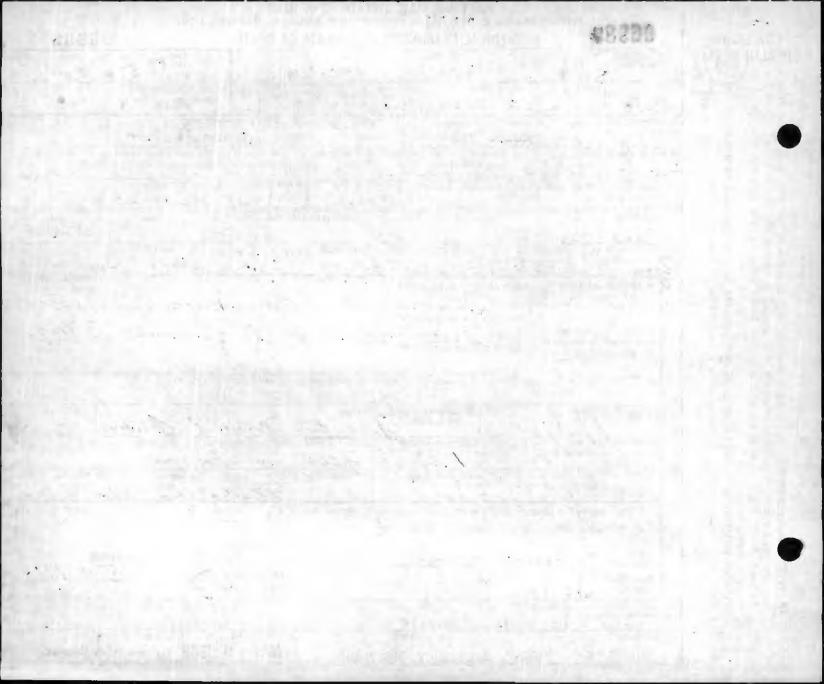
1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy Year 2b. HOUR OF ESTI- DEATH MATED 5-6- 1968 8.3
delay is and 3 ta M3. Page	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years I F UNDER 1 YEAR I IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN. Manth May Doy 6 Year 19 & 8 5 mm
orm Property Depart	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY) MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED DOORS 105 15 15 15 15 15 15 15 15 15 15 15 15 15
hours after death any detailem 18. Give Pages 1, 2, and 3 Office along with form PM3. Pland 2 with the State Departmen after death.	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12b. KIND OF BUSINESS OR during most of working life, even if retired.) 11b. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)
a offer along a with the death.	130. USUAL RESIDENCE (Where decetised lived, if institution: Residence before toc. CITY OR TOWN admission) STATE 13b. COUNTY (1) Com 100 Mandella YES NO Mandella YES NO MANDER
1 hours Hem 1 Office 1 and 2 after o	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost MERRE 1/42 Bailey. Crivice. Jours
I within 24 in pencil in Examiner's File pages in 72 haurs	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yos grow way or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT MED PRESS
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY
be executed "pending" in rief Medical E ansit permit. F event within	MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) 3 200
shauld be e he ward "per ta the Chief I burial-transit	rise to immediate couse (a). Stating the underlying couse DUE TO, OS AS A CONSEQUENCE OF
g the ved to the	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
is certificate shauld be executed to, writing the ward "pending" if farwarded to the Chief Medical e used as a burial-transit permit.	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY?
This ificate by be	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Pert 1 or Part 2, Item 18.)
EXAMINER: 1 cute the certific age 4 shauld b r yaur files. Page 3 should	CAUSE OF DEATH P.M. 19 60 FILE 21d. INJURY OCCURRED 21e, PLACE OF INJURY (At home form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State
0 5 9 64 646	22a. I certify that I taok charge of the remains described obove, held on Autapsy , Inspection X , Inquiry X , and in my apinian
please exect director. Personnel for retained for to burial for to burial	death resulted fram: Natural causes . Accident . Suicide ., Hamicide ., Undetermined manner
	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY
o DEPUTY necessory, the funeral 5 may be r o FuneRAL Health prid	NAME Hype) JOHN MACE JR. ADDRESS(Street, city, town, or county)
E - SE	REMOVAL (Specify) Burial May 9, 1968 Mardela Memorial Cemetery Mardela, Wicomico, Maryland
VR A15ME (5) 10M REV 1/68	ADDRESS 256. RECO BY REGISTRAR 256. REGISTRAR'S SIGNATURE HOLLOWAY & COMPANY, SALISBURY, MARYLAND DATMAY 9 1968 JECHONICS SUBJECT:



1	It	em # 2a, H	IVISION OF VITAL	WARYLAND STATE RECORDS, 301 W. PR	ESTON STREET, BALT	IMORE, MARYL	LAND 21201		000	
		00000	1112-	ICAL EXAMINER		OF DEATH		0.6	996	
		ECEASED-NAME Type or Print)	First	Middle	Lost		20. DATE KNOWN	Month De	oy Yeor	2b. HOUR
	1.	n n	losie	Keene	Brown		DEATH MATED	5/13/	68 19	M
	3. SE		1	930 6. AGE (1	in yours IF UNDER 3 YEAR phday) MONTHS DAYS YRS.	HOURS MIN	2c. DATE PRONOUNCED Month	DEAD Day	Yeor	2d. HOUR
	7a. E	BIRTHPLACE (State or fore	ign 7b. CITIZEN OF	WHAT COUNTRY? 8.	MARRIED NEVER MAI	RRIED 7. COU	INTY OF DEATH	heste	r	Md
100		ITY OR TOWN OF DEATH Cambridge	gi		d. Hospita	a 1 during most of	CUPATION (Kind of wo f working life, even if aborer	retired.} IN	b. KIND OF BUSI DUSTRY Home	INESS OR
9		USUAL RESIDENCE (Whe dmission) STATE MC	1 TO COLUMN	titution: Residence before Dor.	ambridge,	d. INSIDE CITY LIMITS? YES NO X	R.F.D. 2	BER		
	14. F	ATHER'S NAME FI	n Thomas		IS. MOTHER'S MAII	DEN NAME First	inia		lost	
		WAS DECEASED EVER IN U.S (es, no or unknown)	5. ARMED FORCES? (If yes give war or dates of service	16b. SOCIAL SECURITY NO.			Jr. RFD			-
		18. CAUSE OF DEATH PART I. DEATH W.	(Enter only one couse pe AS CAUSED BY: IMMEDIATE CAUSE (o)_	r line for (o), (b), and (c).) Coronary o	cclusion				APPROXIMATE BETWEEN ONSET	AND DEATH
		Conditions, if only, while rise to immediate coustoting the underlying last.	ch gove) (b)_	OR AS A CONSEQUENCE OF						
		PART 2. OTHER SIGNIFICA	ANT CONDITIONS CONTRIE	UTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL D	ISEASE OR CONDITIO	ON GIVEN IN PART 1(o)			
,	CERTIFICATION	190. DATE OF OPERATIO	N	19b. CONDITION FOR WH WAS PERFORMED?	ICH OPERATION				20. AUTOPSY	? NO 🗀
	MEDICAL CERT	21o. EXTERNAL CAUSE W PRIMARY OR CONTR CAUSE OF DEATH		OF INJURY Month, Doy, Year A.M. P.M. 19	21c. HOW INJURY OC	CURRED (Enter notu	re of injury in Port 1 o	Port 2, Item		
	1311	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJUR foctory, office bui	Y (At home, form, street, ding, etc.)	21f, LOCATION Street	or R.F.D. No.	City or Town		County	Stote
		22a. I certify death resulted		f the remains described auses 🔼 , Accident	, Suicide , CHII	Hamicide [],	Undetermined	quiry, manner	and in m	y apinian
2		SIGNATURE EXAMINER'S NAME (Type: JC)	hn Mace	Jr. M.D.	DEP	ISTANT MEDICAL EXA UTY MEDICAL EXAMI DRESS(Street, city, to	INER I	5/1	1,/68	3
	230		23b. DATE		METERY OR CREMATORY	77.7	LOCATION (City or Toy	mbrid		tote)
>	24.	REMOVAL (Specify) BUT 181 FUNERAL DIRECTOR	5/19/68	Lane's ADDRESS Cambridge,	Cemetery	T 250. REC'D BY RE	ayloris		d, Dor.	,

HESSES THE REPORT OF THE PROPERTY OF THE PROPE m wiere remese. Section of the second the state of the s

06991 and 2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the Present director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Pages Com

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Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 30M REV. 1/68

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH 06997 CERTIFICATE OF DEATH

	ECEASED-NAME	First		Middle		Last		20. DATE OF D		4.4	2b. HOUR
(1	ype or print)	ANA	12	Olapa		Care	4.	May	Month 24 Day	68Tear	630M
3. SE	X.	7.1.17.70	4. RACE	7)		S. DATE OF BU	A	1/16	. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Longel	a	11	16:40		11-06	.10		lost birthdoy)	MONTHS DAYS	HOURS MIN.
7a	BIRTHPLACE (Stote of		7h CITIZEN O	F WHAT COUNTRY?	8. MADOL	ED NEVER MARI		COUNTY OF D	7		
	Pen N.	,		5.a.	WIDOW		CED	277	0 1	n	11.1
10.	TITY OR TOWN OF DI			1. NAME OF HOSPITAL OR		7-3		DICHPATION (ind of work dane		BUSINESS OR
0	/ /	- / - *		give street address)	10.	0-111	during mos	st af warking lif	e, even it retired.)	INDUSTRY	אם כבוווינטט
120	URAI- L'A	MERI	R4e 1	stitution: Residence befor	Bhore CITY	OR TOWN	138 INSIDE CITY LIM	FOUSE IN STREET	ET AND NUMBER		
adm	ission) STATE	n d.	13b. COUN		1 50	ston	YES . NO	1,001,01111		nore	ave.
14, 1	FATHER'S NAME	First	Midd	le Lost	2.1	IS. MOTHER'S MA	IDEN NAME Fir	st (2)	Middle	0	Lost
		Ludw	ich	Rouc	hut	Hai	NNay	1.	FREY	Kou	chut
	(es, no, or unknown)		ED/FORCES? or of slates of service	16b. SOCIAL SECURIT	Y NO. 1	7. INFORMANT /		Rest	ate blos	pital	
			v ana rauca n	er lipe for (a), (b), and (Λ			MATE INTERVAL
		H WAS CAUSED	BY:	(1000/-3	Vasa	de la	20.0	*		BETWEEN C	ONSET AND DEATH
	4120		TE CAUSE (o)			00000	our our	24	. 8	-	- the
	Conditions, if any,			OR AS A CONSEQUENCE	**	No 0	4	A	1.	1	wet
	rise to immediate	e cause (a), ((b)_	OR AS ALONSEQUENCE O	unc	Lungh	vasa	when o	user	4	1/83.
	stating the under lost.	rlying cause	DUE 10,	OR AS AZZUNSEQUENCE C)t						
П	PART 2. OTHER/SIG	GNIFICANT CON	DITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED	TO THE TERMINAL	DISEASE OR CO	INDITION GIVEN !	N PART I(a)		
Z	443 MW	mure	12	Carin Ana	chron	~ aso	i Cere	had Dec	historico		
CERTIFICATION	19a. DATE OF OPERA	ATION 19b.	CONDITION FOR	R WHICH OPERATION WAS	PERFORMED	20g. AUTO	PSY?		ES, WERE FINDINGS C	ONSIDERED IN C	ERTIFYING
1 H		200		/		YES 🗀	NO 🗾	CAUSES O	F DEATH?		
CER .	21a. ACCIDENT WA		W. 101. 11.	AE OF INJURY		. HOW INJURY OCC	URRED (Enter	nature of injury	in Part 1 or Port 2,	Item 1B.)	
20	OR CONTRIBUTING ((If either, notify m			A.M. Month Day Ye P.M.	or 19						
MEI	21d. INJURY OCCU While Nat wh	RRED 21e.		JRY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.		LOCATION Street	f or R.F.D. No.	City a	Town	County	State
	220 Leartify	that (I) (thi	s hasnital)	attended the deced	read from	5-10-	106	7 to 5	- 20 10	68 that	(I) (we) last
	saw the a	deceased al	ive an	- 24	_19 <u>.6 %</u> ,	and that in (m	y) (aur) apir	nian death ac		ite and hour	and from the
	causes st	ated abave	, (I) (we) (d	did) (did nat) view th	e bady aft	er death.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
П	22b. SIGNATURE	10.	1 1			ATTENDIN	IG ME	n —	STAFF 22c.	DATE SIGNED	. /
	mane	14:14	le lin	randia.	MO D	EGREE PHYS.			PHYS.	124	168
	22d. PHYSIC AN'S		7			22e. ADD		11		1 ()	
	NAME Type)	UELI	7.00	13 GUARD	18		5. 5.	4.	·····		
230	BURIAL, CREMATIO	N, 23b. I	ATE			OR CREMATORY		23d. LOCATION		(County)	(Stote)
	REMOVAL (Specify)	5,	/27/68	St Mi	chaels	s Meth. C	em.	St Mi	chaels, T	albot,	Md.
24.	FUNERAL DIRECTOR	Jose D	Heve	erin ADDRE	35	20.1	25a. REC'D BY		2Sb. REGISTRAR'S		
	Per	URIY	00 4	in P.P. En	wlou	md.	DATE MAY	28 19	68 gale	orles Je	uge.
-				00					- 4	0	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 b

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban paper should be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

UG998

1.										
	DECEASED-NAME	First		Middle		Lost	20. D	ATE OF CEATH		2b. HOUR
П	(Type or print)	Edwa	rd	Averil	Di	ckerson		May 29	1988	6 A
3.	SEX		4. RACE			S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HR
	Male		Wh	ite		April	7.1901	L birthdoy) YRS.	MONTHS DAYS	HOURS
70	BIRTHPLACE (Sto			WHAT COUNTRY?	8. MAPPIED	NEVER MARRIED		TY OF DEATH		· · · · · · · · · · · · · · · · · · ·
	untry) Md.		U.	S.	WIDOWED		- T	Dorchester		
10	CITY OR TOWN		1	NAME OF HOSPITAL OR IN			. USUAL OCCUP	ATION (Kind of work done		BUSINESS OR
	Cambr	idge	giv	estreet eddress) dge	-Md.	Hospita	ring most of w	ocking life, even if retired.)	Const	ruct
13	o. USUAL RESIDEN	ICE (Where deceo		ution: Residence before				13e. STREET AND NUMBER	P 0 110 0	1 400
00	lmission) STATE	Md.	13b COUNTY	chester	Camb	ridge YESK] NO [1101 Rosly	n Ave.	
14	L FATHER'S NAME	First	Middle			S. MOTHER'S MAIDEN N	IAME First	Middle		Lost
Г	ŋ	homas		Dicker	son		Emma		Wh	ite
10	60. WAS DECEASED	EVER IN U.S. AR		16b. SOCIAL SECURITY		INFORMANT		Address		
	Yes, no, or unkno	wn) (If yes give	war or dates of service)		M	rs.Edwar	d Dick	cerson Camb	oridee	Md.
F	18. CAUSE O	DEATH (Enter o	nly one couse per	line for (o), (b), and (c)		7				MATE INTERVAL ONSET AND DEATH
L		DEATH WAS CAUSE		Ca	· Zana	10	Cont.		1 4-	1
П	1193	IMMICO		R AS A CONSEQUENCE OF		0/:	1			
П	Conditions, if	ony, which gove)	K AS A CONSEQUENCE OF	1100	eli- e	(0 a 0 to	- i	she.	4
Н	rise to imme	diote couse (o),	(b)	R AS A CONSEQUENCE OF	rer ·	- were	Con		-	
Ш	stoting the u	nderlying couse	DUE 10, 01	CAS A CONSEQUENCE OF						
	-		(c)							
	PART 2 OTHE	P SIGNIFICANT CO	INDITIONS CONTRI	RUTING TO DEATH RUT N	INT PELATED T	O THE TERMINAL DISEA	SE OR CONDITIO	N GIVEN IN PART 1(a)		
L	PART 2. OTHE	R SIGNIFICANT CO	O TOTAL	BUTING TO DEATH BUT N	OT RELATED T	O THE TERMINAL DISEA	SE OR CONDITION	N GIVEN IN PART I(0)	-1-	
Troit.	2417		Rt &	obecton	dre	To Eng	SE OR CONDITION	ms and	CONSIDERED IN C	ERTIFYING
TO THOU	PART 2. OTHE		Rt &	BUTING TO DEATH BUT N Section WAS PE	dre	To- Coy	legen	N GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN C	ERTIFYING
The state of the s	190. DATE OF C		RT F. CONDITION FOR V	which operation was Pe	Lie ERFORMED	Zi- Cary 200. AUTOPSY? YES [NO [20b. IF YES, WERE FINDINGS CAUSES OF DEATH?		ERTIFYING
The Contraction	190. DATE OF C	DERATION 196 T WAS UNDERLYI	C. CONDITION FOR V	OF INJURY A. Month Day Year	RFORMED 21c. H	Zi- Cary 200. AUTOPSY? YES [NO [20b. IF YES, WERE FINDINGS		ERTIFYING
The section of the se	190. DATE OF C	PERATION 19b T WAS UNDERLY! ING CAUSE OF DEF Ify medical exam	C. CONDITION FOR V NG 21b. TIME HOUR A.N P.A (iner)	OF INJURY A. Month Day Year A. J.	erformed 21c. H	ZOO. AUTOPSY! YES OW INJURY OCCURRED	NO [20b. IF YES, WERE FINDINGS CAUSES OF DEATH? of injury in Port 1 or Port 2,	, Item 18.)	ERTIFYING Stote
Market Cristian Control	190. DATE OF COMERSUS (If either, not 21d. INJURY, While Not 2	T WAS UNDERLY! ING CAUSE OF DEP OCCURRED 2 let while 2	C. CONDITION FOR V NG 21b. TIME HOUR A.N P.A (iner)	OF INJURY A. Month Day Year	erformed 21c. H	ZOO. AUTOPSY! YES OW INJURY OCCURRED	NO [20b. IF YES, WERE FINDINGS CAUSES OF DEATH?		
I CONTROLL MANAGEMENT	190. DATE OF CONTRIBUTION OF C	PERATION 19b T WAS UNDERLYI ING CAUSE OF DEI Ify medicol exom Occupred It while 21e	NG 21b. TIME HOUR A.M. P.A.	OF INJURY A. Month Day Year Y (AT HOME, FARM, STREET, FA	PREFORMED 21c. H g CTORY.) 21f. U	200. AUTOPSY YES OW INJURY OCCURRED DOCATION Street or R.	NO [(Enter noture	20b. IF YES, WERE FINDINGS CAUSES OF DEATH? of injury in Port 1 or Port 2,	, Item 18.) County	Stote
HOLLES CONTRACTOR	190. DATE OF CO. 210. ACCIDEN OR CONTRIBUT (If either, not 21d. INJURY While No at work 22d. I cert saw t	PERATION 19b T WAS UNDERLYI ING CAUSE OF DEP Ify medicol exom OCCURRED 21e I work ify that (1) (1)	NG 21b. TIME HOUR A.M. P.A.D. PLACE OF INJUR	OF INJURY A. Month Day Yeor Y (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC. Tended the decease	21c. H g cronv.) 21f. u ed fram	200. AUTOPSY YES OW INJURY OCCURRED OCATION Street or R. d that in (my) (au	NO [(Enter noture	20b. If YES, WERE FINDINGS CAUSES OF DEATH? of injury in Port 1 or Port 2, City or Town	(County	Stote
HOLLINGT CHARLES	190. DATE OF CO. 210. ACCIDEN OR CONTRIBUT (If either, not 21d. INJURY While No at work 22d. I cert saw t	PERATION 19b T WAS UNDERLYI ING CAUSE OF DEP Ify medicol exom OCCURRED 21e I work ify that (1) (1)	NG 21b. TIME HOUR A.M. P.A.D. PLACE OF INJUR	OF INJURY A. Month Day Year A. Month Day Year A. AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	21c. H g cronv.) 21f. u ed fram	200. AUTOPSY YES OW INJURY OCCURRED OCATION Street or R. d that in (my) (au	NO [(Enter noture	20b. IF YES, WERE FINDINGS CAUSES OF DEATH? of injury in Port 1 or Port 2,	(County	Stote
HOLLINGTHAN PROPERTY	190. DATE OF CO. 210. ACCIDEN OR CONTRIBUT (If either, not 21d. INJURY While No at work 22d. I cert saw t	PERATION 19b T WAS UNDERLY! ING CAUSE OF PER If y medical exome OCCURRED 21e It while work 1 (1) (1) the deceased it is stated above	NG 21b. TIME HOUR A.M. P.A.D. PLACE OF INJUR	OF INJURY A. Month Day Yeor Y (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC. Tended the decease	21c. H g cronv.) 21f. u ed fram	200. AUTOPSY YES OW INJURY OCCURRED OCATION Street or R. d that in (my) (audeath.	NO (Enter noture	20b. If Yes, WERE FINDINGS CAUSES OF DEATH? of injury in Port 1 or Port 2, City or Town a 5-25-19 eath accurred an the d	County County Attack and haur Date signed	Stote t (I) (we) I and fram t
HOTEL SATISFIES	210. ACCIDENT OF CONTRIBUTION	PERATION 19b T WAS UNDERLY! ING CAUSE OF DEL Try medical exam OCCURRED Try medical exam Try medical exam OCCURRED Try medical exam OCCURRED Try medical exam OCCURRED Try medical exam OCCURRED Try medical exam Try medical exam OCCURRED Try medical exam OCCURRED Try medical exam OCCURRED Try medical exam Try medical exam OCCURRED Try medical exam Try medical exa	NG 21b. TIME HOUR A.M. P.A.D. PLACE OF INJUR	OF INJURY A. Month Day Yeor Y (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC. Tended the decease	21c. H g cronv.) 21f. u ed fram	OCATION Street or R. d that in (my) (audeath. ATTENDING PHYS.	NO [(Enter noture	20b. If YES, WERE FINDINGS CAUSES OF DEATH? of injury in Port 1 or Port 2, City or Town a - 26 - , 19 eath accurred an the d	County County that	Stote t (I) (we) I and fram t
HOURT CHANGE INCIDENT	210. ACCIDEN	PERATION 19b T WAS UNDERLY! ING CAUSE OF DEFI Iffy medical exome OCCURRED I work Iffy that (I) (the deceased is stated above. IN'S	NG 21b. TIME HOUR A.M. P.A.D. PLACE OF INJUR	OF INJURY A. Month Day Yeor Y (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC. Tended the decease	21c. H g cronv.) 21f. u ed fram	200. AUTOPSY YES OW INJURY OCCURRED DOCATION Street or R. d that in (my) (audeath.	NO (Enter noture F.D. No. 19-G-S., 17) apinian d	20b. If YES, WERE FINDINGS CAUSES OF DEATH? of injury in Port 1 or Port 2, City or Town a - 26 - , 19 eath accurred an the d	County County Attached and haur Date signed	Stote t (I) (we) I and fram t
	190. DATE OF CONTRIBUTION 210. ACCIDENT 210. OR CONTRIBUTION (If either, not 21d. INJURY While Not twork of Course 22d. I cert saw to course 22b. SIGNATU) 22d. PHYSICIA NAME (T	PERATION 19b T WAS UNDERLY! ING CAUSE OF DEP If y medical exom OCCURRED 21e It while 21e It work (1) (1) the deceased it is stated abave It work (2) It work (3) It work (4) It work (5) It work (7) It work (8) It work (1) It work (1) It work (2) It work (2) It work (2) It work (3) It work (4) It w	CONDITION FOR V NG 21b. TIME HOUR A.M. P.A. p. PLACE OF INJURY his haspital) a alive an e.e., (1) (we) (did	OF INJURY A. Month Day Year A. Month Day Year Y (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC. Itended the deceas d) (did nat) view the	21c. H g crory.) 21f. U ed fram 19 5 an bady after CEMETERY OR	200. AUTOPSY YES OW INJURY OCCURRED OCATION Street or R. d that in (my) (audeath. ATTENDING PHYS. 22e. ADDRESS CREMATORY	NO (Enter noture F.D. No. 19 GS , 1 IT) apinian d MED. DIRECTOR	20b. IF YES, WERE FINDINGS CAUSES OF DEATH? of injury in Port 1 or Port 2, City or Town a	County County God, that late and haur DATE SIGNED (County)	Stote t (I) (we) I and fram I
22	210. ACCIDEN 210. ACCIDEN OR CONTRIBUT (If either, not 21d. INJURY While No. Active No. 22d. I cert COUSE 22b. SIGNATUI 22d. PHYSICIA NAME (IT SEMOVAL (SPE	PERATION 19b T WAS UNDERLYI ING CAUSE OF DEP Ify medical exom OCCURRED 21e Ify that (I) (11 ify that (I) (11 ify that deceased it s stated abov In's In's	NG 21b. TIME HOUR A.M. P.A. P.ACE OF INJURY	OF INJURY A. Month Day Year A. Month Day Year A. Month Day Year A. Month Day Year A. Itended the deceas A) (did nat) view the Borct Borct	21c. H g CTORY.) 21f. U ed fram 19 65 an bady after CEMETERY OR 10 S to 1	200. AUTOPSY YES OW INJURY OCCURRED DOCATION Street or R. d that in (my) (audeath. ATTENDING PHYS. 22e. ADDRESS CREMATORY Mem. Par	NO (Enter noture F.O. No. 19 GS (1) IT) apinian d MED. DIRECTOR	20b. IF YES, WERE FINDINGS CAUSES OF DEATH? of injury in Port 1 or Port 2, City or Town City or Town STAFF 22c PHYS. 22c COCATION (City or Town) mbridge Doi	County County Good that and haur DATE SIGNED (County) The ste	Stote (I) (we) I and fram I
22	190. DATE OF CONTRIBUTION 210. ACCIDENT 210. OR CONTRIBUTION (If either, not 21d. INJURY While Not twork of Course 22d. I cert saw to course 22b. SIGNATU) 22d. PHYSICIA NAME (T	PERATION 19b T WAS UNDERLYI ING CAUSE OF DEP Ify medical exom OCCURRED 21e Ify that (I) (11 ify that (I) (11 ify that deceased it s stated abov In's In's	NG 21b. TIME HOUR A.M. P.A. P.ACE OF INJURY alive an ce, (I) (we) (did	OF INJURY A. Month Day Year A. Month Day Year Y (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC. Itended the deceas d) (did nat) view the	21c. H g crory.) 21f. U ed fram l9 65 an bady after CEMETERY OR 19 8 5 9 1	OCATION Street or R. Death of that in (my) (audeath. ATTENDING PHYS. 22e. ADDRESS CREMATORY Mem. Par	NO (Enter noture F.O. No. 19 GS , 1 IT) apinian d MED. DIRECTOR 23d. 23d	20b. IF YES, WERE FINDINGS CAUSES OF DEATH? of injury in Port 1 or Port 2, City or Town cath accurred an the d STAFF PHYS. COCATION (City or Town)	County County Good that and haur DATE SIGNED (County) The ste	Stote t (I) (we) I and fram (Stote)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

PC0041	L	EKIIFICALE OF DEATH		31991	9
I. DECEASED-NAME First (Type or print) Edwar	d Leo Ege, Sr.	Lost	20. DATE OF DEATH 5-25-68 Only		b. HOUR
3. SEX Male	4. RACE	5. DATE OF BIRTH 3-30-1883	6. AGE (In years last balladay) YRS.	MONTHS DAYS HOURS	GER 24 HRS.
70. BIRTHPLACE (Stote or foreign country) Pennsylvania 10. CITY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COUNTRY? U.S.A. 11. NAME OF HOSPITAL OR INST	8. MARRIED NEVER MARRIED OVORCED OVORCED	9. COUNTY OF DEATH Dorchester AL OCCUPATION (Kind of work done	12b. KIND OF BUSINE	M
Hurlock	Belle Haven	Nursing Ra	ost of working life, even if retired.)	Railr	
130. USUAL RESIDENCE (Where decease admission) Maryland	ed lived, if institution: Residence before 13b. COUNTY Caroline		MITS? 13e. STREET AND NUMBER None		
John Ege:	Middle Last	is. mother's maiden name is Sarah		Los	đ
16a. WAS DECEASED EVER IN U.S. ARN Yes, no yet unknown) (If yes give w	IED FORCES? or or dates of service) 16b. SOCIAL SECURITY NO. 221–12–5		d L. Ege, Jr.	Greensbo	
PART I. DEATH WAS CAUSED	TE CAUSE (a) NIONIC	Cordiac Decum	pens, fra	APPROXIMATE INT GETWEEN ONSET AND	D DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	e Arlenosokrites	Hant brown	7715	
PART 2. OTHER SIGNIFICANT CON 190. DATE OF OPERATION 196. 210. ACCIDENT WAS UNDERLYIN	CICLUI / 3 Y ONSIDERED IN CERTIFYI	NG 7			
210. ACCIDENT WAS UNDERLYIN CAUSE OF DEAT (If either, natify medical examination of the complete of the comp	H HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED {Ente	r noture of injury in Part 1 or Port 2,	Item 18.)	
21d. INJURY OCCURRED 21e. While Not while at work at work	PLACE OF INJURY (AT HOME, FARM, STREET, FACTO	ORY.) 21f. LOCATION Street or R.F.D. No	. City or Town	County	Stote
220. I certify that (I) (the saw the deceased a couses stated above	is hospital) oftended the deceased live an	d from 7/4 , 19.4 9 6 and that in (my) (our) op ody after death.	inion death occurred on the do	te and haur ond f	we) la rom th
22b. SIGNATURE Carly 22d. PHYSICIAN'S	· Permuy 141		AED. STAFF 22c.	OATE SIGNED 5/26/6	
NAME (Type) HUR		RMO Guston		4	
230. BURIAL, CREMATION, REMOVAL (Specify) 5-	-28-68 Silve	erbrook		(County) (Sto	ote)
24. FUNERAL DIRECTOR	Greens	sboro, Md. DATMAY	BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE	0

degth. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death Page 4 may be retained by the haspital or ottending physician. Mynerol **TO FUNERAL DIRECTOR:** After this certificote has been signed by the ottending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 having the state Dept.

VR A15 (4) 30M REV. 1/68

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28 SORCHOE-E

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S-28-11 Stovenheide Committee Commit

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Health priar to burial, cremation, ar removal and in any event within 72 haurs after death

DICAL EXAMINER:

TO DEPUTY

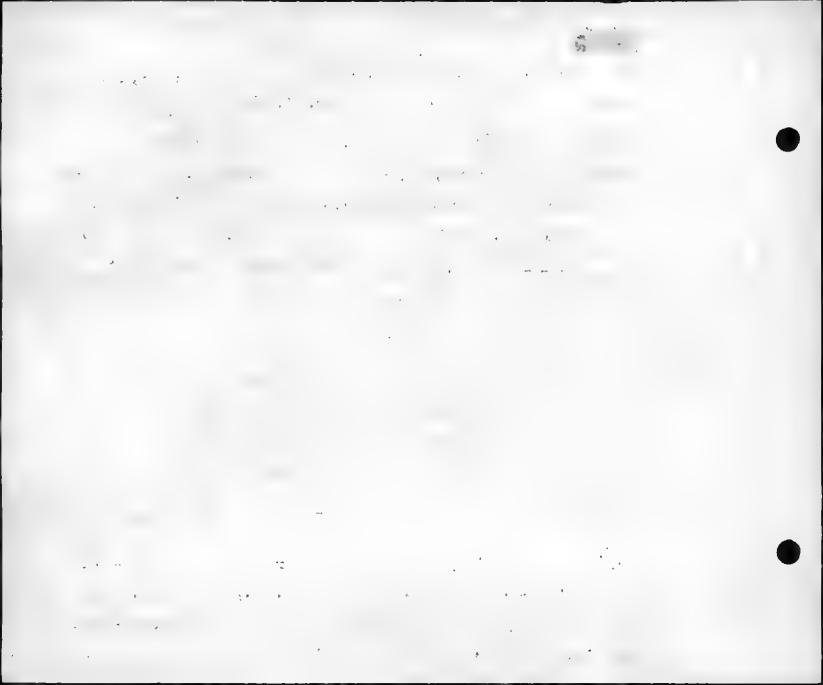
VR A15ME (5) \$

0699 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	ECEASED NAME	Firs	t	M ddle Lost						20. DATE KN	M NWO	fonth D	loy Y	Yeor	2b HOUR
((ype or Print)	Marth	a Joh	nnson		Enna	lls			OF ES	ATED 🛣	5/2	4	1968	? "
3,5	X	4 RACE	S DATE OF BIRTH	6. Al	GE (in years	IF UNDER		F JNDER 24		2c DATE PRO				L.	2d HOJR
T	emale	Negr	0 5/11/1	L892 7	(Srthday) YRS	MONTHS	DAYS	HOLRS	Milh	Month	5 Doy	25	Yeor	68	lOAM
7a	BIRTHPLACE (Stote	e or foreign	75 CT ZEN OF WHAT	COUNTRY?		RRIED NE	VER MARR	IED 🔲	9 COUN	ITY OF DEATI	1				
(O)r	''y) Md.		USA		W Do	OWED 🛣	D,VOR	CED [Dorch	ester	C			Ме
10. (ITY OR TOWN OF	DEATH		ME OF HOSPITAL OR I eet oddress)	NSTITUTION	(If not in	rospito	12o USI	UAL OCC	UPATION (Kir	id of work o	Jone 12	ZB K ND (OF BUSIN	IESS OR
	rapo							La	bor	working ife, e.r				act	orv.
130	USJAL RESIDENI dm ssion) STATE		sed lived, if instituti					NSIOE C TY LA		13e. STREET A	ND NUMBER				
		MUC	-	or.	Cra			YES NO	-						
14 F	ATHER S NAME	First	Middle	lost		15 MOTHE	RS MAIDE		F≀rst		Middle			lost	
		Frank		ohnson		<u> </u>			Emm	a			'rav	ers	\$
160.	was deceased ev es, pp. or unknow	ER IN U.S. ARMED	FORCES?	66. SOCIAL SECURITY	NO. 1	7. INFORMA	זא דו	Taba			ADDRESS	MA			
						Carr	011	0.011	HSO.	II CI.	apo,	Md.		ROXIMATE II	MIEGUA
		BATH WAS CAUSE	nly one couse per line	11.77										EN ONSET A	
		IMMEDI	ATE CAUSE (o)			<u>leart</u>	fai	ilur	e					?	
	Conditions if a	iny, which gove		IS A CONSEQUENCE O	F										
		iote couse (a),	(b)	a constantis											
	stating the un lost.	derlying couse	DUE TO, OR A	AS A CONSEQUENCE C	11										
			(c)	O TO DESCRIPTION	T Driver	TO THE TES									
	PART 2 UIHER	SIGNIFICANT CON	DITIONS CONTRIBUTION	G TO DEATH ROLL NO	I KLLAILU	TO THE TER	MINAL DISI	EASE OR CO	UNDITION	I G VEN IN PA	RI I(o)				
NO	190 DATE OF O	PERATION	TI.	95 CONDITION FOR	WHICH OP	FRAT ON							20 A	AUTOPSY?	,
ā				WAS PERFORMED		.,,,,,								ES 🝱	₩0 □
CERTIFICAL	210 EXTERNAL	CAUSE WAS	21b TIME OF IN	JURY Month, Doy Ye	or 2	To HOW IN	JURY OCCL	JRRED (Ente	er noture	of injury in	Port 1 or Po	rt 2. Item			
AEDICAL	PRIMARY 0	R CONTRIBUTING	HOUR A.M.					,		1-7					
Se .	21d INJURY OC	CURRED 21e	PLACE OF INJURY (At	home form street	2	OF LOCATION	V Street or	R.F.D. No.		(ity or T	οwη		County	-	Stote
	WHILE IN	OT WHILE T	octory, office building,	etc)											
			took charge of the	e remo ns describ	ed ohov	e held on	Antons	cv चि	Inst	pection 🗍	Іпанн	rv [].	nnd	in my	opinion /
			Notural couse					_	,	-		,	7	145 (11-3	оринон
	400,,, 10		110,0.01 (000)	A A		3010100		MEDICAL E	,	_	111100 1110				
	ACTUAL SIGNATURE	Vala	no Var	res &	1	M				AINER	225	DATE SIG	GNED		
	EXAMINER'S						D	Y MEDICAL			5,	/28/	68		
	NAME Type)	John	Mace Jr.	. M.D.			ADDR	ESS(Street,	city tow	n, or county)	Cam	brid	lge.	, d	
230	BURIAL CREMA	TION, 23b	. DATE	23c NAME O	CEMETERY	OR CREMA				LOCATION (Cr			ounty)		ote)
	Burial	ity)	5/30/68	Bethe	1 08	mete	יע		C	ambri	dge,	Dor		Md	
24	FUNERAL DIRECT	OR		ADDI	SEZS		2	So RECD	BY REG	STRAR	25b REG ST			4.00	
	St.CI	air Fu	neral	Cambr	idbe	, mid	. 1	MAY	29	1968	file	Man	Jus	7	

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FOR STATE HEALTH DEPT.

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1 DECEASED NAME

Poge å and Pages rer death hours land 2 in Item pencil File farwarded to the Chief Medical pending writing the ward O execute the certificate. pe should be 3 should

This certificate should

DICAL EXAMINER:

20 DATE KNOWN (Type or Print) OF ESTI Teresa Marienette Fisher DEATH MATED 4. RACE 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 2c. DATE PRONOLNCED DEAD 6 AGE In years (azz alupadak) HO:JR5 8/9/1948 Female Negro 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Md -USA Dorchester WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSP, TAL OR INSTITUTION (If not in hospital 12a USUAL ÖCCUPAT ON (kind of work done during most of working life, even if retired.) Cambridge Washington St. 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13a USUAL RES DENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN admiss an) STATE 13b COUNTY 10 Washington St. Dor. Cambridge YES NO 14 FATHER S NAME M. ddla IS MOTHER'S MAIDEN NAME Midale Fisher Lillian James Carroll Turpin haurs 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar upknown) Lullin Washington within 18 CAUSE OF DEATH (Enter only one cause per line for (o) (b) and (1) PART I DEATH WAS CAUSED BY: -- Cardiac arrest IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave Etiology unknown rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 4330 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of hipty in Part I ar Part 2, Item 1B) HOUR A.M. MEDICAL PRIMARY OR CONTRIBUTING crematian, CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town factory, office building, etc.) NOT WHILE 22a. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection . Inquiry [Natural causes 🔼 Accident . Suicide death resulted fram-Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER John Mace Jr. ADDRESS(Street, city town, or county) 500 230 BURIAL CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Waugh Cemetery 24 FUNERAL DIRECTOR ADDRESS 256 REGISTRAR'S SIGNATURE 2Sa RECD BY REGISTRAR Cambridge, Md. St. Clair Funeral

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Middle

2b HOUR

2d HOUR

Year

12b KIND OF BUSINESS OR

School

BETWEEN ONSET AND DEATH

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20 AUTOPSY?

(ounty

(County)

22b DATE SIGNED

NO.

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Ind.

(State)

7 Year

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost 20 DATE OF DEATH DECEASED-NAME First Middle 2b HOUR requires that the death certificate be executed within 24 haurs after death. death. uneral 1 and 120 (Type or print) Day 968 Year HATTIE **FOXWELL** MAY 3 SEX 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS 6 AGE (In years IF UNDER YEAR last birthday) 12/25/93 FEMALE WHITE 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARR ED country) Mo. U.S. WIDOWED TX DIVORCED [DORCHESTER 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR physician and completely fill give street address) SHORE STATE HOSP. during most of working ife, even if retired.) INDUSTRY RURAL CAMBRIDGE HOUSEWIFE 13a, USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY Mo. CAR. DENTON in any 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Lost MILTON TRICE CARRIE WRIGHT and 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 6b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no. at unknown? (If was give war or dates of service) ar remaval, HOSPITAL RECORDS the attending phys APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter any one cause per line for (a) (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. neumonia IMMEDIATE CAUSE (a) signed by the atter burial-transit perm burial, crematian, a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse by the hospital or attending physician PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate has been 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO DO YES [detached far use te Dept. af Health 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year (If e'ther, notify medical examiner) P M 21d MUJRY OCCURRED (AT HOME, EARM, STREET, FACTORY,) 21f LOCATION Street or R F D No. 21e PLACE OF INJURY City or Town County State While Nat while at work 22a. I certify that (I) (this hospital) ottended the deceased from June 20 saw the deceased alive on may 13 1968, and that in (m) ta IIIah O FUNERAL DIRECTOR: After 19 63 ___19.6.8°, and that in (my) (our) opinion death occurred on the date and hour and from the auld be retained couses stated above, (1) (we) (did) (did hat) view the body after death. 22b SIGNATURE M,D 22c DATE SIGNED ATTENDING directar, page 3 shauld be filed v DEGREE DIRECTOR PHYS PHYS 22en ADDRESS BARROSO NAME (Type) LOCATION (City or Town) BURIAL, CREMATION, (County) ADDRESS FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR VR A15 (4) 30M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH 26232 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items#75,13e,Film#G400 5/24/68km CERTIFICATE OF DEATH DECEASED-NAME Middle Last 20. DATE OF DEATH 2b. HOUR death (Type or print) Gadshy Ernest George 2 IF JINDER 1 YEAR IF LINDER 24 HRS 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (in years law-requires that the death certificats lie executed within 24 haurs after Jast birthday) 4/19/1879 Male Whi te 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 8 MARRIED NEVER MARRIED England WIDOWED IX DIVORCED [Dorchester U.S.A. crematian, or removal, and in any event, within 72 completely filled 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 125 KIND OF BUSINESS OR give street address) Cambridge-Md. Hospital Church during most of working life, even it retired) pan Cambridge 13d INSIDE C TY LIM TS? 13e STREET AND NUMBER 130 USUAL RES DENCE (Where deceosed lived if institution: Residence before 13c CITY OR TOWN remave car 13b. COUNTY Raltimore Route 16 15 MOTHER'S MAIDEN NAME First Middle Last 14 FATHER'S NAME Middle C. Albert Gadshy Brown Henry 16b. SOCIAL SECURITY NO. 17 INFORMANT Address 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown) Ers. Robert Foxwell Madison Md 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY MYDCARDIAL INCARCTION, ACUTE 45 MIN IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCIEROTIC HEART DISENSE signed by the burial-transit p burial, crematic the Conditions if any, which gove) SEY- YRS. rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying cause SEV- YRS GENERALIZED ARTERIOSCLEROSIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) prior to ! O FUNERAL DIRECTOR: After this certificate has been detached for use as the 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO [21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Dov Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. County Stota 21d. NJURY OCCURRED City or Town While Nat while 22a. I certify that (I) (this hospital) attended the deceased fram 5-3, 19 68, ta 5-10, 19 68, that (I) (we) last saw the deceased alive an 5-10, 19 68, and that in (my) (our) apinian death occurred an the date and hour and fram the director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING elliano MP DEGREE STAFF DIRECTOR PHYS. O HOSPITAL P.O. Box 248 22d PHYSICIAN S 22e. ADDRESS Donald R. McWilliams NAME (Type) East New Market 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE (County) (Stote) BURIAL, CREMATION Glen Haven Mem, Park Glen Rurnie N.d.

ADDRESS

Cambridge Md.

250. REC D BY REGISTRAR

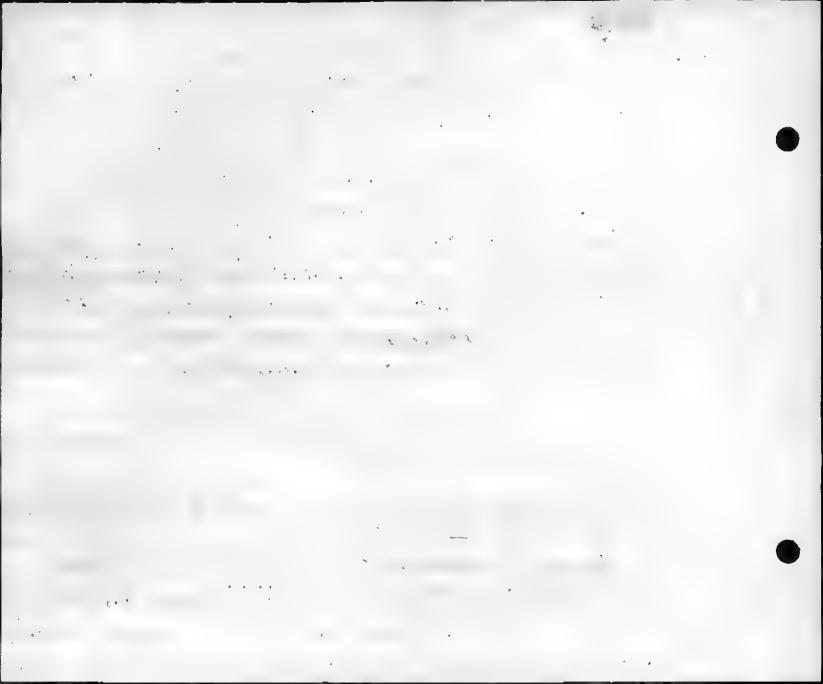
DATE

25b REGISTRAR'S SIGNATURE

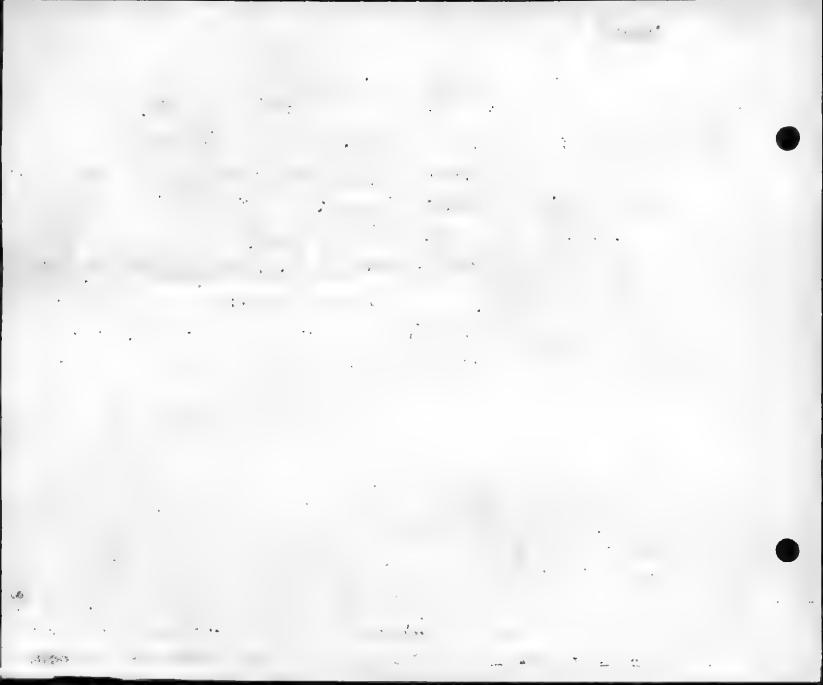
EUNERAL DIRECTOR

VR A15 (4)

30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH **DECEASED-NAME** Middle 2a. DATE OF DEATH 2b. HOUR First The low requires that the meath certificate be emecuted within 21 Mours mitter Meath (Type or print) Samue 3. SEX 4. RACE 6 AGE (In years IF UNDER I YEAR DATE OF BIRTH MONTHS I DAYS -olored 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Faston WIDOWED K DIVORCED [12o USLAL OCCLPATION (Kind of work dane 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR ursing fame farming burial, cremotion, or removol, and in any event, 13e STREET AND NUMBER 130 ASUAL RESIDENCE (Where deceased lived, if institution Residence before 13c, CITY OR TOWN 13aL ANSIDE CITY LIMITS? 14. FATHERS NAME. Damuel 16g. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, abgor inknown) (If yes give wer or dotes of serv 16b. SOCIAL SECURITY NO INFORMANT 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o) Chronic 3 BETWEEN ONSET AND DEATH Chronic Jardiac Decommonsation DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Conditions, if any, which gave) rentancive artor salaratid 'eart D' sea rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or ottending physicion. stoting the underlying cause 'erebrovascular acrienat PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) tor use as the l Heolth prior to b CERTIFICAT.ON 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19c. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES [NO TX 21g ACCIDENT WAS UNDERLYING 216 TIME OF INDURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TOR CONTRIBUTING TECAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) detoched 218, PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21d. MULRY OCCURRED director, page 3 should be aerocne should be filed with the State Dept 21f. LOCATION Street or R F D. No. City or Town County Stote While Not while at work TO FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased fram 4/10. , to 2: 4. and that in (my) (our point on death occurred on the date and haur and from the saw the deceased alive on. couses stated above, (1) (we) (did) (did not) view the body ofter death. 22b SIGNATUR 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS LID BEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) arold B.Flummar F.C. Box#159 Jara Preston 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23a. BURIAL CREMATION 23b. DATE. (State) REMOVAL (Specify) 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR ATS (N) 30M REV



1>/	1	MARYLAND STATE DEPARTMENT OF HEALTH										
END KTAR	T.	O JUU DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Ems#1a,17,11,Film#MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7006									
HEALTH MERT	_		oy Yeor 2b. HOUR									
S D B 74		(Type or Print) -dwin omith James Jr. DEATH MATED May	1 4 4 1									
delay and 3 tmen	3 5		Yeor 19 M									
Deep P		BIRTHPLACE (State or Toreign 76 CUIZEN OF WHAT COUNTRY? 8 MARRIED MINEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED DO MChest	Mr.									
Pages with far	10.	CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR NSTITUTION (If not in hospital 120 JSUA, OSCUPATION (Kind of work done 12 give street oddress) give street oddress)	B KIND OF BUSINESS OR DJSTRY									
after de alang w ≡ith the death.		USJA. RESIDENCE (Where deceosed I ved, if institution Residence before 13c, CITY OR TOWN 35-INSIGE CITY LIMILIS? 13e STREET AND NUMBER admission) STATE 13b COUNTY LIMILIS? NO IF										
haurs Office I and 2	14.	FATHER'S NAME First Middle Lost Is. MOTHER'S MAIDEN NAME First Middle	lubble									
within 24 pellet, in xaminers in pages ite pages 71 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT. Yes, no, or unknown) (If yes give war or dates of service) 2,7-42-6198 Lawin James Sr. East New	u Market									
- 13 E		IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH									
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× 2 × 0 + +		DUE TO, OR AS A CONSEQUENCE OF										
る。 三		nse to immediate couse (a), (b). Stating the underlying couse (b). DUE TO, OR AS A CONSEQUENCE OF										
shauld a ward a the C surial-tr		lost (c)										
0 + - 0		ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
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his certificate, writing to forward a forward be used a forward, remayal,	CERTIFICATION	196. CONDITION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?									
The little of the latest of th		210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item	- A-A									
certification	MEDICAL	PRIMARY OR CONTRIBUTING 8 HOURAM 5/14/1968 Ran hose from exhaust into	auto									
EXAMINER: ute the certinge 4 should your files. Page 3 sllou.	W	WHILE MOT WHILE foctory, office building, etc.)	County State									
EXAM cute th age 4 r yaur : Page il, crem												
CAL exe exe ar P d fa d fa		220 I certify that I took charge of the remains described above, held on Autopsy 💢, Inspect on 🔲, Inquiry 🔲, death resulted from. Natural causes 🔝, Accident 🔝, Suicide 💢, Homicide 🔝, Undetermined manner	ond in my opinion									
Base rrect raine limited to the text to th		CHIEF MEDICAL EXAMINER	1									
y, play, prigr		SIGNATURE	SNED									
		EXAMINER: NAME Lype) John Mace Jr. ADDRESS(Street, cty, town, or county)	0/68									
TO DEPU	230	EMOVALTIMENTY 5/17/68 East New Mark 1 23d LOCATION (City, or Town) (C)	punty) (Store)									
VR A15ME (5)	3	BONERA DIRECTORY STATE OF THE PROPERTY OF THE PROPERTY STATE OF TH	BATUR Judge									
10M REV 1/68		DAIL	0									

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

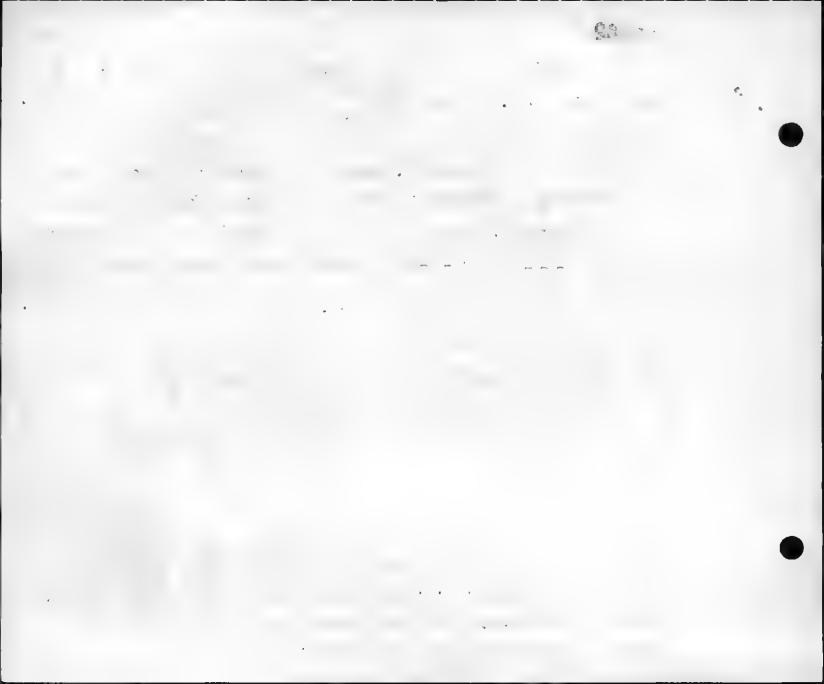
	17 4 6 0	will.		(EKIIFI	CATE OF	DEATH						J
	ECEASED NAME	First		Middle		Lost		20. [DATE OF DEAT	тH			25. HOUR
(1	(ype or print)	ROBERT		LEE		JOHNSON			M	Month A Y	20°	1968	5:30pM
3 25	X		4. RACE			S. DATE OF I			6. 4	GE (In yea	rs	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS M.N.
	MALE]	NEGROID		JUI	¥ 12.	1934		st b ithday	YRS.	MOMIHZ DA75	THUUKS M.H
7o. l	BIRTHPLACE (Stote		7b. CITIZEN OF WI	HAT COUNTRY?	8 MARRIE	D NEVER MA			NTY OF DEA	TH			
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10. 0	CAMBRIE			AME OF HOSPITAL OR INS street oddgress) ABRED CEE MD.	1	not in hospital			PATION (Kind yorking life CK HAI			12b KIND OF S INDUSTRY	BUSINESS OR
13a	USUAL RESIDENCE	(Where decease	d lived, 'f institut	on Residence before	13c C TY C		13d INSIDE CITY		13e. STREET			HALL	- WALL
	ATTYLA		DO ROH	ESTER	CAM	BRIDGE		NO 🔲	606			STREET	
14. 1	FATHER'S NAME	First	Middle	Lost		IS. MOTHER'S A	IAIDEN NAME	First		Mid	ldie		Last
14		REW	The Constitution	JOHNSO!		************	LEOTE	ITA				STU	BBS
16d Y	WAS DECEASED EV	VER IN U.S. ARMI) (If yes give wo	D FORCES? Fordates of service)	16b. SOCIAL SECURITY N		INFORMANT	~		200	Add			
-				220-28-06°		LEUTH	IA S.	JOHN	SON	CAM	BRII		MATE INTERVAL
	PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a) Hemorphagic pancroatics DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), storing the underlying cause lost. (c) Hemorphagic pancroatics DUE TO, OR AS A CONSEQUENCE OF (c)												
	PART 2 OTHER S	IGNIFICANT CON	SITIONS CONTRIBU	TING TO DEATH BUT NO	OT RELATED	TO THE TERMIN	AL DISEASE OF	RCONDITIO	ON GIVEN IN	PART I(o)		the William	
CERTIFICATION	190. DATE OF OPEI	RATION 196. C	ONDITIÓN FOR WH	ICH OPERATION WAS PE	TH OPERATION WAS PERFORMED			200 AUTOPSY? YES NO CAUSES OF DEATH?					RTIFYING
MEDICAL CER	21a ACCIDENT V OR CONTRIBUTING (1f either, notify	CAUSE OF DEATH	HOUR A.M.	FINDURY Month Day Year 19		HOW INJURY OF	CURRED (Ent	ter noture	of injury in	Part 1 or P	Port 2, It	em 18.)	
ME	21d INJURY OCC While hot w of work at we	ork 🔲		(AT HOME, FARM, STREET, FAC OFFICE BUILDING, EYC					City or To			Caunty	\$tate
	22a. I certify saw the couses s	that (I) (this deceased as tated abave,	haspital) atto ve on 112 (I) (we) (did)	ended the deceose y 20, 1 (did not) view the	ed from_ 9_67a body afte	nd that in (n r death.	ر بر الأور (our) ورا الإوران	pinion d	to <u> </u>	2 <u>0-6</u> rred an t	<u>♀</u> 19_ he dot	e and hour c	(I) (we) last and from the
	22b. SIGNATURE	Q.	elyfa	my/	DE	GREE PHYS.	القا	MED DIRECTOR	STA PH			ATE SIGNED y 21.	168
	22d. PHYSICIAN'S NAME (Type		DWIN FAS	SETT M.D.		22e. AD	DRESS 3 HTGH	STR	EET	CAMB	RTDG	E. M.	
230.	BURIAL, CREMATIC	ON, 23b, D		23c. NAME OF		R CREMATORY		23d	LOCATION (C	ity or Town	1)	(County)	(State)
	PENOVA (Specify	() 5	1/25/68		BETH	CL.		1	CAMBRI	EDGE		DOR.	MD.
24	FUNERAL DIRECTOR	C. 1.	1/ Vais	ADDRESS CAMBRI	DGE,	MD.	25 g RECO DATE	B2 9 5		25b 256	IRAR S		IL.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and campletely filled in by the stand director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages and 2 shauld be filled with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. TO MOSPITAL DR ATTINIME OF PRINCEN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 30M REV. 1/68

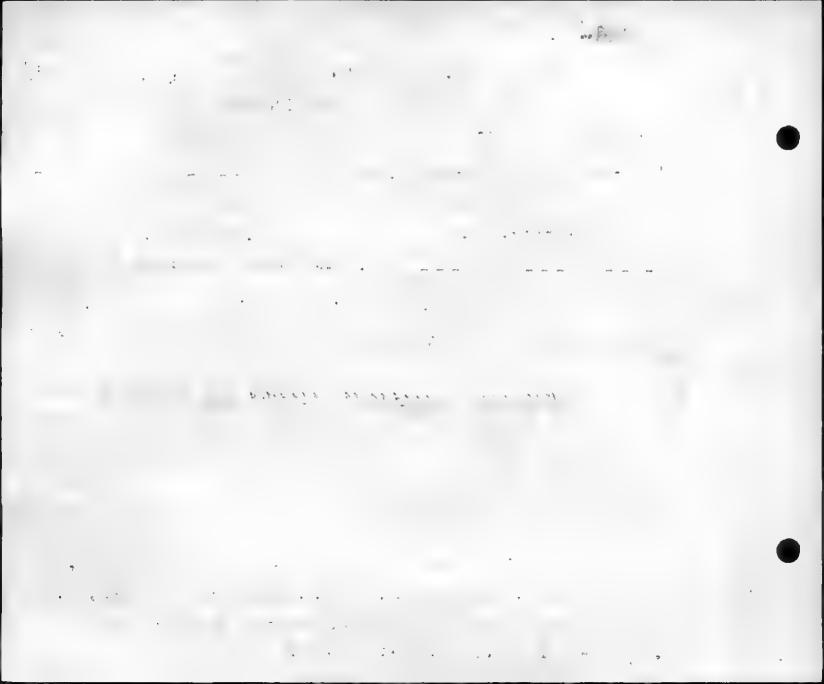
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPA DECEASED-NAME First Middle Last 20 DATE KNOWN Month (Type or Print) ALBERT KIRWAN OF ESTIdelay is and 3 ta Page May DEATH MATED 4 RACE IF UNDER I YEAR IF UNDER 24 HRS SEX 5. DATE OF BIRTH 6 AGE (In years 2c. DATE PRONOUNCED DEAD 2d_HQUR and Jan. 25, 1899 69 YRS Male White M3 7o. B RTHPLACE (State or foreign MARRIED K NEVER MARRIED 9 COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? Office alang with form country) Maryland USA DIVORCED Dorchester WIDOWED [Give Pages 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY Bus during mast of working I fe even if retured)
Bus and Mail Route Cambridge Hospital 130 USUAL RESIDENCE (Where deceased lived, if institut an: Residence before 13c CTY OR TOWN 13d INSIDE CITY JMJTSP 13e STREET AND NUMBER admission) STATE Maryland 13b COUNTY Dorchester Crapo in Item 18 YES NO K None and 2 v ofter M ddle 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Mollie Benjamin Kirwan Webster hours Examiner's bages 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS be executed within pencil (Yes, no or unknown) (If was nive war or dates of service) LeCompte Funeral Service records 217-30-9512 Ele APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH \subseteq 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) the certificate, writing the ward "pending" is shauld be farwarded to the Chief Medical PART 1 DEATH WAS CAUSED BY 30 mins. IMMEDIATE CAUSE (a) Coronary occlusion DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gove rise to immediate cause (a). This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Ξ. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) O remayal, 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? NO TO YES 🖂 Ю 210 EXTERNAL CAUSE WAS 21b. TIME OF NJURY Manth, Doy Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. B DICAL EXAMINER: crematian, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INLURY (At home, farm, street, 21f LOCATION Street or R.F.D. No. City or Town County Stote foctory, affice building, etc.) AT WORK AT WORK 220 1 certify that I took charge of the remains described above, held an Autopsy ... Inspection X. Inquiry [and in my apinian Natural causes X. Accident Suicide . Homicide death resulted fram Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED may be re ASSISTANT MEDICAL EXAMINER Lineral SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER X Health NAME (Type) John. Mace Jr. M.D. ADDRESS(Street, city town, or county) 50 23a BUR AL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) Cambridge, Maryland May 25. 1968 Dorchester Memorial Park 24 FUNERAL DIRECTOR 2Sa REC'D BY REG STRAR LeCompte Funeral Service, Cambrid ge, Maryland MAY VR A 15ME (5) 10M REV 1/68



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1968



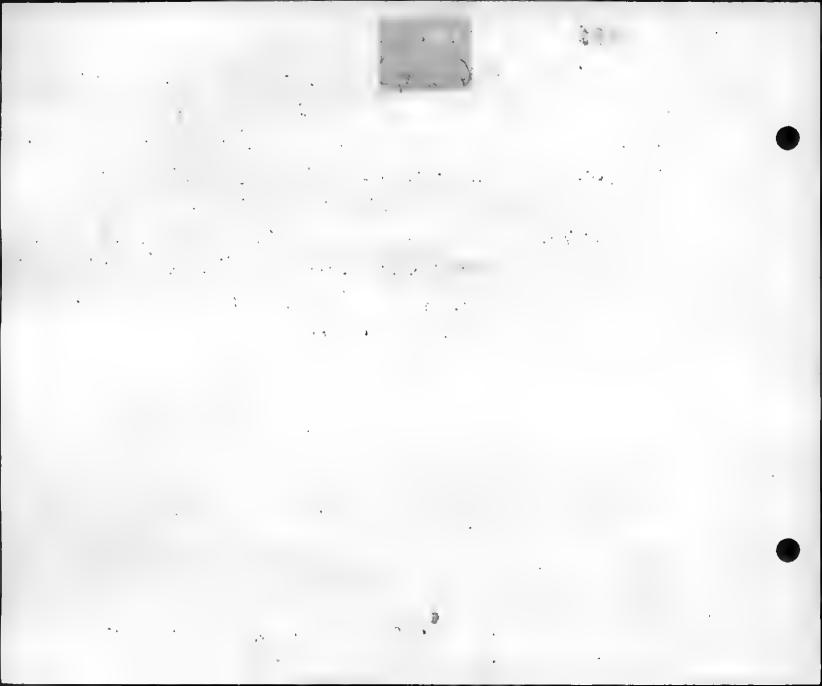
TO HOSPITAL OF ATTRIBUING PRYSICIAN: The low requires that the death certificate be executed within 24 hours after Beath. eath. and uperal TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon popers should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hs Page 4 may be retained by the hospital or attending physician.

VR ATS

MADVIAND CTATE DEDARTMENT OF HEALTH

		n n	NAKTLA	כ עוו	IAI	E DEPA	KII	MENT	OF HEALIF	1	
NOISIVI	OF	VITAL	RECORD:	s, 301	W.	PRESTO	N SI	reet,	BALTIMORE,	MARYLAND	21201
			# F n	CED	TIC	LEATE	AE	DEA	THE		

1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	, ,	
		CERTIFICATE OF DEATH		· .
V		CEASED NAME First Middle Lost , 20. DATE OF DEATH	M	2b HOUR
j.	111	YPE OF PRINTY ETHA E. (HASTINGS) LIVINGSTON MONTH 23 DOY (Year	7:50 a M
	3. SE		R 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN
1	5	emple white 2-27-1881 last birthday) YRS MONTHS	UATS	HUUKS MIN
1		RETHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH		
1	COUNT	TARULAND U.SA WIDOWED & DIVORCED DORChester		XMd
4		ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospita) 12a USUAL OCCUPATION (Kind of work dane 12b.		USINESS OR
1	()	Ambridge give street address) Share State North House wife, even if retired) IND	USTRY	_
	3a.	JSJAL RESIDENCE (Where deceased I ved, if institution Residence before \$13c CITY OR TOWN 13d INSIDECITY LIMITS? 3e STREET AND NUMBER		
	admi:	MARYLAND 136 COUNTY omico SALisbury YES NOB Route #1		
ı	14 F	ATHER'S NAME First Middle Lost IS MOTHERS MADEN NAME First Middle		Lost
		William Hastings Eliza HAYAVINGS	Wor	kman
	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 MYFORMAN 17 Lyde G. Livingston, Addres 1.	Sal/D	sbury No
	W	E3/19/49/19/19/19/19/19/19/19/19/19/19/19/19/19	d. Ke	COROS
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) (Son)		ATE INTERVAL SET AND DEATH
		PART I DEATH WAS CAUSED BY ARTERIOS CLEROTIC LARDIOMSCULAR DISEASE With	2 1	185.
			1	
		Conditions, if only, which gave) Left VENTRICULAR FALLURE		
		rise to immediate cause (a), Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF		
	П	lost. (c)		
	Ш	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)		
	2			
4 7	SATIO	19d DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDER	RED IN CER	RTIFYING
1	CERTIFICATION	YES NO CAUSES OF DEATH?		
		216 ACCIDENT WAS JNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18)	
	MEDICAL	GIF either, natify medical examiner) P.M. Manth Day Yeor		
	W	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County of Town Coun	tγ	State
		of work at work		
		22a. I certify that (I) (this haspital) attended the deceased from 2/27/68, 19, to 5/23/68, 19		(1) (we) lost
		sow the deceosed alive on 5723/48 19 , and that in (my) (our) opinion death occurred on the date one couses stated above, (I) (we) (did) (did not) view the body ofter death.	d hour o	nd from the
		226. SIGNATURE 220 DATE S	GMED	
	П	ATTENDING NO. STAFF STAFF STAFF	168	
	П	22d. PHYSICIAN'S 22e. ADDRESS		
1		NAME(Type) Dr. Samuel P. Wise Cambridge, Maryland		
	23a	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (Cou	nty)	(State)
		REMOVAL(Specify) Burial May 27,1968 Union Church Cemetery Salisbury, Wicomico	,,	, ,
	24	FUNERAL DIRECTOR ADDRESS 2 So REC'D BY REG STRAR 2 Sb REGISTRAR S S GNAT	URF	19119
		HOLLOWAY & COMPANY, SALISBURY, MARYLAND DATE MAY 27 1968	7 Yeer	ret.



DIVISION OF VITAL DECORDS 201 W PRESTON STREET RAITIMORE MARYLAND 21201

A - A - A	等	DIVISION	T THE RECORDS,		CATE OF I		inone, i	MAKIDAND Z (ZV)		1
1. DECEASED-NAME	First		Middle		Lost		2o. DATE	OF DEATH		2b. HOUR
(Type or print)	Ivy	1	en jami n	M	eNamar.	a.	Ma	y Month 27	1968	4 P
3 SEX		4. RACE			S. DATE OF BIR	TH		6 AGE (In years	NONTHS DAYS	HOURS MIN.
™ale		7	White		Dec.	19,18	80	last birthday) Y	RS. MONTHS UNTO	MUNO MIN.
7a BIRTHPLACE (State	or foreign	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARK	RIED	9. COUNTY	OF DEATH		
country)Maryl	and	U.S.		MIDOWED			Do	rchester		M
10 CITY OR TOWN OF	DEATH	11	NAME OF HOSPITAL OR IN	STITUTION (If n	ot in hospital	120 USLA		ION (Kind of work do		BUSINESS OR
Cambri			re street oddress) Ru			duffing me		orman		
13a USUAL RESIDENCE	(Where deceas	ed lived, if insti	tution: Residence befare	13c. CITY OF		3d. INSIDE CITY LI		, STREET AND NUMBER		
admission) a SIATE 1	and	13b. COUNT	chester	Caml	hridge	AF2 NC	×	Rural		
14. FATHER S NAME	First	M ddle		1:	S. MOTHERS MA		rst	Middle		last
C	aleb	Varig	hn ToNam	ara		He	ster	Ann	Ca	nnon
160 WAS DECEASED EV	VER IN U.S. ARN		16b. SOCIAL SECURITY	NO. 17	INFORMANT			Address	R.D.	3
Yes, na, or unknown	(If yes give w	ar ar dates af service)		17	y/y/Vern	on F.	McNa	ımara ,Ca		
Conditions, if on rise to immedia stating the and lost.	γ, which gave) ite couse (a),	DUE TO, O	hae for (a), (b), and (c)			7,6-			36	MIN.
PART 2 OTHER S	SIGNIFICANT COM	IDITIONS CONTR	BUTING TO DEATH BUT N	OT RELATED T	O THE TERMINAL	DISEASE OR C	ONDITION (GIVEN IN PART 1(a)	-	
- >										
19a DATE OF OPE	RATION 19b.	CONDITION FOR	WHICH OPERATION WAS P	ERFORMED	20a. AUTOF	NO D		b. 1F YES, WERE FINDING USES OF DEATH?	GS CONSIDERED IN C	ERTIFYING
S OR CONTRIBUTING	medical exami	HOUR A.I	A	9		`		injury in Part I or Part	t 2, Item 18.)	
While Not w	ork 🗀		Y (AT HOME, FARM STREET, FA OFFICE BUILDING, ETC.		OCATION Street		00	City or Town	County	State
22a. I certify saw the couses s	that (I) (the deceased a stated obave	is haspitol) o live on , (I) (we) (ai	thended the deceosed) (did not) view the	ed from 7 1960, an body after	d that in (m) death.	⊃_, 19 <u>©</u> /) (aur) opi	nion dea	th occurred on the	19 <u>00</u> , tho dote and have	t (I) (we) last and from th
22h HGNAHUS	6.1	Jee	reby to	140	ATTENDIN PHYS.	G B	IED. IRECTOR	STAFF PHYS.	5/28	168

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages though be filled with the State Dept. of Health priar ta burial, cremation, ar removal, and in any event, within 72 hours after Page 4 may be retained by the haspital or attending physician. VR A15 (4) 30M REV 1/68

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

23 a

BURIAL CREMAT ON, REMOVAL (Specify)

FUNERAL DIRECTOR 24.

23b DATE

Q

PHYSICIAN S NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town)

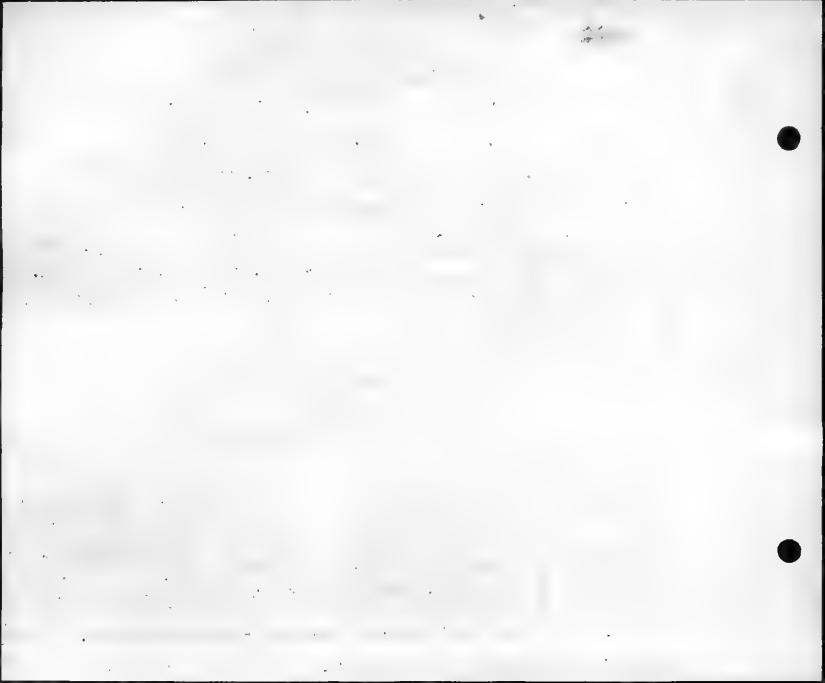
(County)

(State)

Dorchester Memorial 250. RECD REGISTRAR'S SIGNATURE 1968

Cambridge

22e_ADDRESS



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EOD CTATE			BURGE DIVISION	OF VITAL RECORDS, 3		CERTIFICATE OF			3	12
HEALTH DEPT	7	1 DE	CEASED NAME F 151		Addie	Lost	20 DATE KNO	OWN Month	Day Year	2b HOUR
20 8 6 -	7	. 4	AMES HARVEY			MITCHELL	OF ES	Mase		
Iny delay is 1, 2, and 3 to rm PM3. Page		3 SE		S DATE OF BIRTH 9/15/85	6 AGE (n year last birthday) 82 Y	MONTHS DAYS HOU	INDER 24 HRS 2C DATE PRON	MAY DOTO	Yeor 19	2d HOUR
es 1, 2, farm Pr		7o B		76 CITIZEN OF WHAT COUNTRY	2 8 A	NARRIED NEVER MARRIED DIVORCED	D		• • • • • • • • • • • • • • • • • • • •	M
를 있는 S	1, 2		TY OR TOWN OF DEATH AL CAMBRIDGE		HORE ST		20. USUAL OCCUPATION (Kind oring most of working life, o		12b KIND OF B	US NESS OR
wil wil		13o M D 00	USUAL RESIDENCE (Where decease mission) STATE	ed I ved, Finst tut on Resider		TY OR TOWN 13d. INSIDE	OTY EM IS? 13e STREET AN		1.	
f hours (frem 18 office office d		14. F/	THER'S NAME First EUGENE MITCHEL	Middle	Lost	15. MOTHER'S MAIDEN NA	AME First E PARSONS	Middle	£.	.05f
within 24 n pencil in Examiner's File pages			VAS DECEASED EVER IN U.S. ARMED (If yes give		SECURITY NO. 5-1197T	17 INFORMANT HOSPITAL RE	ECORDS	ADDRESS		
cate would be executed if the word "pending" is ed to the Chief Medical s o buriol-transit permit ond in any event within			18 CAUSE OF DEATH (Enter on PART 1 DEATH WAS CAUSE) IMMEDIA Conditions, if only, which gove rise to immediate cause (a) stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT COND	D BY: VIE CAUSE (o)) D Y DJE TO, OR AS A CONSE	QUENCE OF	V	OR CONDITION G VEN IN PAR	a RJ	APPROXIM. BETWEEN ON	ATE INTERVAL SET AND DEATH
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XAMINER: The tertifico ge 4 shoud be your files. Soge 3 should be cremotion, or cremotion, or		MEDICAL CER	WHILE - NOT WHILE - fo	21b TIME OF INJURY Month HOUR AM 6 * 30 P M 3/17 PLACE OF INJURY (At nome, fore ctory, office building, etc.) OS P I TAL	7 1968		,	1.	County	State
o DEPUTY SICAL E necassary, please executhe funeral director Pag 5 may be retained for O FUNERAL DIRECTOR: Health priar to burial,			ACTUAL SIGNATURE CEXAMINER'S NAME (Type) Description:	nak charge of the remains Natural causes [], W. RIECKERT,	Accident (A),	Suicide , Hair CHIEF MED ASSISTANT DEPUTY ME ADDRESS(S	INCIDE , Undetern ICAL EXAMINER MED CAL EXAMINER EDICAL EXAMINER Interest, c'ty, town, or county)	nined manner 22b DATI	E SIGNED	my apiniar
VR A15M	?	15	BURIAL, CREMATION 236 REMOVAL (Specify) FUNERAL DIRECTOR	71.0010	ADDRESS		ALAV TE 194	25b REGISTRARS	(County)	(Stote)
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1 :	-	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	,
IEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Month Doy Year	2b HOJR 2 Am
y deloy and 3 PM3. Po	3 SI	sex 4 RACE S DATE OF SIRTH Mar. 10, 1889 6 AGE (in years lost brindoy) MONTHS DAYS HOURS MIN MONTH MAY Day 12 Year 19 68	2d HOUR 2,15
E 64	(OJn	BRTHP.ACE (State or foreign To CIZEN OF WHAT COUNTRY? W DOWED D VORCED DOTCHESTER OF COUNTY OF DEATH DOTCHESTER	Ma
© ≥ 0	10 (CITY OR TOWN OF DEATH Cambridge Cambridge II NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working I be even if retired.) Cambridge US.A. RESIDENCE (Where deceased lived if institution Residence before I3c CITY OR TOWN INDUSTRY HOUSEWIFE I 32 USUAL OCCUPATION (Kind of work done during most of working I be even if retired.) INDUSTRY HOUSEWIFE I 32 INSIDE CITY ON TS2 I 13e STREET AND NUMBER	IESS OR
wil alo		USUAL RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN odm ssion) STATE Maryland 13b COUNTY Dorchester Cambridge YES X NO 738 Race Street	
24 hours in Item II r's Office ss Tond 2 rs ofter d	14. F	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Charles ? Abbott Mary Jane Wille	у
hinel poge hou	160. (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (Hyes give word or dates of service) 16b. Social Security No. 220-33-5742 LeCompte Funeral Service records	
should be execeted word 'pending' is the Chief Medical urial-transit permit. In any event within		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o). Stating the underlying cause lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION G VEN IN PART 1(o)	
his certificate ote, writing the e forwarded to be used as a b removol, and	CERTIFICATION	196. CONDITION FOR WHICH OPERATION 20 AUTOPSY2 WAS PERFORMED? YES T	NO 🗌
bical EXAMINER: This se execute the certificate, ector. Page 4 should be formed for your files. EECTOR: Page 3 should be in buriol, crematian, or rer	MEDICAL CER	21c EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21c HOW INJURY OCCURRED (Enter noture of in ury in Port 1 or Port 2, tem 18) HOUR A.M. P.M. 19 21d. NJ.RY OCCURRED WHILE WHILE AT WORK AT WORK AT WORK 21c HOW INJURY OCCURRED (Enter noture of in ury in Port 1 or Port 2, tem 18) 21c HOW INJURY OCCURRED (Enter noture of in ury in Port 1 or Port 2, tem 18) 21c HOW INJURY OCCURRED (Enter noture of in ury in Port 1 or Port 2, tem 18) 21c HOW INJURY OCCURRED (Enter noture of in ury in Port 1 or Port 2, tem 18) 21c HOW INJURY OCCURRED (Enter noture of in ury in Port 1 or Port 2, tem 18) 21c HOW INJURY OCCURRED (Enter noture of in ury in Port 1 or Port 2, tem 18) 21c HOW INJURY OCCURRED (Enter noture of in ury in Port 1 or Port 2, tem 18)	State
ry, pleo eral dire be retai RAL DIS		22a certify that tack charge of the remains described above, held an Autapsy Inspection Inquiry ond in my death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b DATE SIGNED DEPUTY MEDICAL EXAMINER 5/13/68 NAME (Type) John Mace Jr.	apinian
TO DEPU INCESSE TO PERUME FUND S MOY	74	BURIAL CEMATION BUNYAL Section BURIAL CEMATION BURYAL Section BURIAL CEMATION BURYAL Section BURIAL CEMATION BURYAL Section BURIAL CEMATION BURYAL Section BURYAL CEMATION BURYAL Section BURYAL CEMATION BURYAL Section BURYAL CEMATION BURYAL Section BURYAL S	ote)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 DECEASED NAME Middle Lost 2g DATE OF DEATH 2b HOUR First and 2 funeral (Type or print) 3 SEX 4 RACE S. DATE OF BIRTH IF JINDER 1 YEAR IF UNDER 24 HRS 6. AGE (in years last-birt/iday) MONTHS 9 COUNTY OF DEATH OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign MARRIED TO NEVER MARRIEO WIDOWED DIVORCED 120 USUAL OCCUPAT event, within 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital ON (Kind of work done 12b. KIND OF BUSINESS OR pive street address' during most of working life, even if retired.) carban completely 13a USUA, RESIDENCE (Where deceased ! 13d INSIDE CITY JIMITS? 13e STREET AND NUMBER ved, if institution Residence before 13c CITY OR TOWN requires that the death certificate be executed admissian) STATE 13b COUNTY NO IX remaye and in any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Last please physician 16b. SOCIAL SECURITY NO-17 INFORMANT Address 160 WAS DECEASED EVER IN ILS. ARMED FORCES? Yes, go or unknown) crematian, ar removal, Then attending 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEAT PART I DEATH WAS CAUSED BY CEREBRAL permit. 2,000 IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p the Canditions, if any, which gave \ AND PLASTIC CARLINOMA OF RT. LUNG rise to immediate couse (o), **O HOSPITAL OR ATTENDING PHYSICIAN;** The law requires tha Page 4 may be retained by the hospital ar attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar tal has been 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? of Health (YES 🗀 NO T After this certificate 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 2, Item 181) detached far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Tawn County State While hat while of wark at wark State 5 - 12 , 19 68, to 22a. I **certify** that (1) (this hospital) attended the deceased from saw the deceased alive an 19 65 c Se Se _19_66, and that in (my) (ess) opinion death accurred on the date and hour and from the director, page a such the FUNERAL DIRECTOR: causes stated abave, (1) (we) (did) (did not) view the bady after deoth. 22b SIGNATURE 22c DATE SIGNED. ATTENDING DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS Donald R. McWilliams, M.D. NAME (Type) P.O. Box 248 East New Market, Md. 21611 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (State) BURIAL CREMATION. (County) REMOVAL (Specify) 9 REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 1968 DATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH **DECEASED-NAME** First Middle Last 2g, DATE OF DEATH 2b, HOUR (Type or print) CLYDE MURPHY 0. 4 RACE 3 SEX S DATE OF BIRTH IF UNDER 24 HRS 6. AGE (In years White Malle Oct. 15, 1897 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED | NEVER MARR ED (duntry) Maryland USA Dorchester WIDOWED | DIVORCED I 10 GTY OR TOWN OF DEATH 13 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY Farms Cambridge Md. Hospital Cambridge during most of warking life, even if retired) 13a USUAL RESIDENCE (Where deceased lived if institution: Residence before 13e STREET AND NUMBER Bisnops 36 INSIDE CITY LIM TS? odm ssion) STATMaryland 13b COUNTY Dorchester YEST Nona Head 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Middle Winfield Lurphy Glennie Murphy 16b. SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) LeCompte Funeral Service records unk APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO X 21g ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) GR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, notify medical examiner) PM 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town Caunty Stote While Not while at work 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c DATE SIGNED **ATTENDING** STAFF PHYS. 5-10-68 DIRECTOR PHYS 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) Wilbur N. Baumann, MD Aurora Street, Cambridge, Maryland 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23a. BUR AL CREMATION. (State) PENOYAL (Specify) May 12, 1968 Dorchester Memorial Park Cambridge, Maryland 24 FUNERAL DIRECTOR 25g, REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE LeCompte Funeral Service, Cambridge, Maryla no

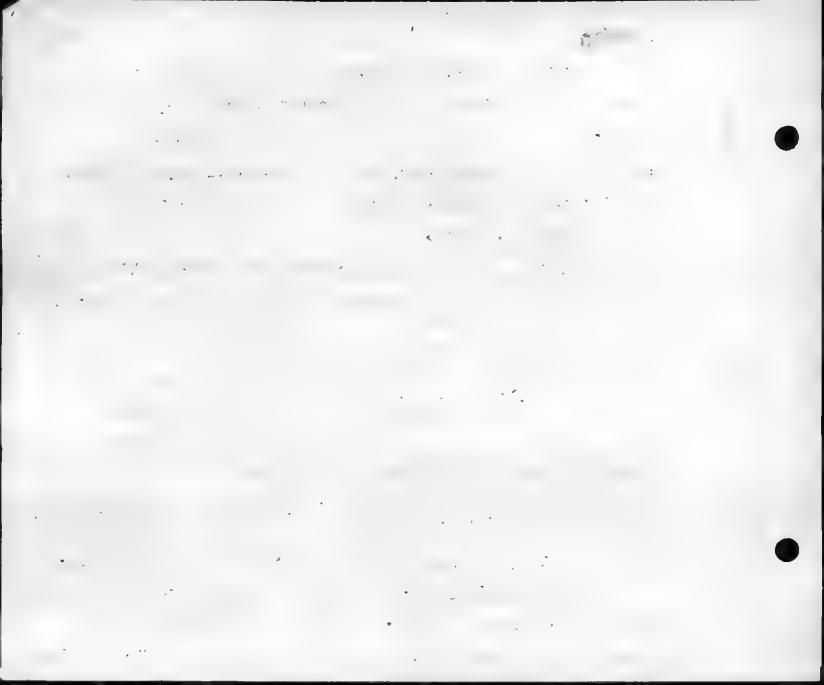
requires that the death certificate be executed within 24 hours after death campletely filled in nave carban papers remave and in any please attending physician permit. Then please crematian, ar removal, signed by the burial-transit be retained by the haspital ar attending physician as the prior to t has been this certificate Dept. of TO FUNERAL DIRECTOR: After director, page should be fried

VR A15 (4) 30M REV 1/68 .

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

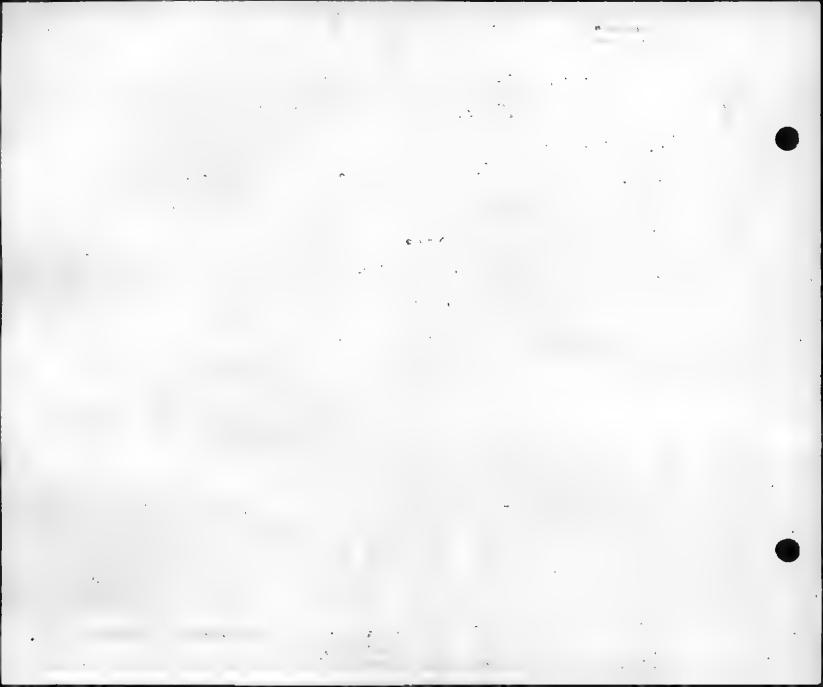
DECEASED NAME Fast Middle Last 20. DATE OF DEATH 2b HOUR (Type or print) GEORGE MILTON MURPHY 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER YEAR IF UNGER 24 HRS. 6. AGE (In years Mala White December 1, 1895 last burthday) 7a. BIRTHPLACE (State of foreign 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED N NEVER MARRIED 9 COUNTY OF DEATH country) Maryland USA Dorchester WIDOWED | DIVORCED [10, CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUAt OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Cambridge during most of working life, even if retired.)
Waterman-Retired Seafood Cambridge Md. Hospital 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER odm ssion) STATE Maryland 13b COUNTY Dorchester Wingate None 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Last Winfield Glennie P. Murphy Murphy 16h. SOCIAL SECURITY NO. 17. INFORMANT 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give war or dates of service) Yes, ee or unknown) LeCompte Funeral Service records unk APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OCARDIAL INFARCTION DUF TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🗀 21g. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 218. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. County City or Town State While Not white at work 22a. I certify that (I) (this hospital) attended the deceased from 1900, 1900, to 300 May, 1900, that (I) (we) last saw the deceased give an 1900, and thot in (my) (our) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR DEGREE PHYS 228 PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, (State) BENOVAL (Specify) Jun 1, 1968 Dorchester Memorial Park Cambridge, Maryland 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR LeCompte Funeral Service, Cambridge, Maryland

muires that the death certificate be executed within 24 haurs after signed by the ottending physicion and complete buriol-transit permit. Then please remove corb buriol, cremation, or removal, and in any event, hos been O FUNERAL DIRECTOR: After this certificate be retoined director, page 3 30M REV. 1/68

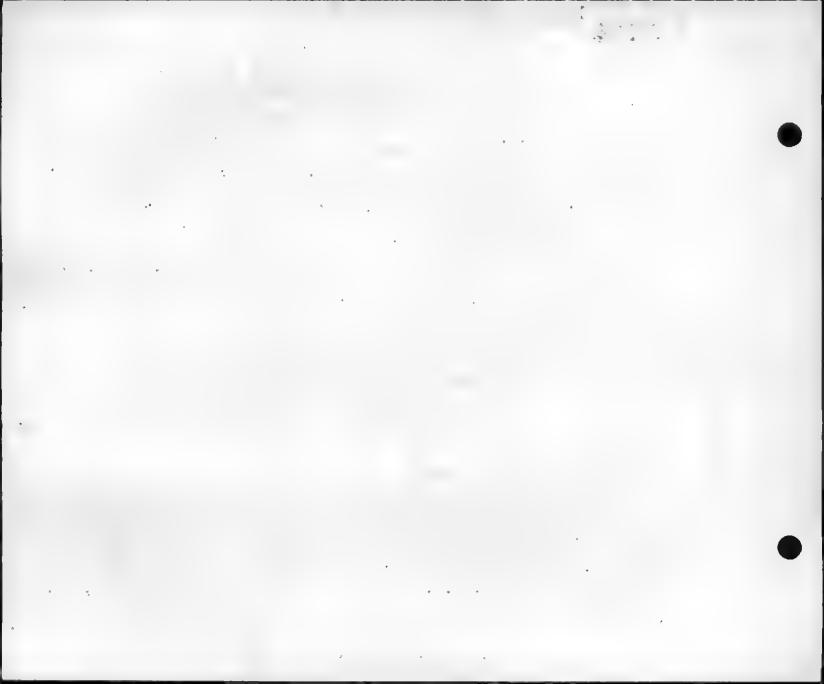


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 1 DECEASED NAME First 20. DATE OF DEATH 2b HOUR and 2 haurs after death (Type or print) Month 3. SEX S. DATE OF BIRTH 6. AGE (In veors SE UNDER I YEAR IF LINDER 24 HRS. last biethday) 03-17-85 Negro 76. CITIZEN OF WHAT COUNTRY? 7g B RTHPLACE (State or foreign B. MARRIED | NEVER MARRIED 9. COUNTY OF DEATH U.S.A. Doechester DIVORCED [lamica West The law requires that the death certificate be executed within 24 signed by the attending physician and campletely filled burial-transit permit. Then please remave carbor-rope -10_CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If hat in hospital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR gle street didress) Eastern during most of work ng life, even if retired) Cambridge 130 JSUAL RESIDENCE (Where deceased lived, first tution, Residence before 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b. COUNTY COMICO none 14. FATHER S NAME IS MOTHER'S MAIDEN NAME Last homa 3 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) 34-3803A or remayal, Eustern Maryland CAUSE OF DEATH (Enter only one cause per fine for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY PNEUMONIA WK IMMEDIATE CAUSE (a) crematian, DUF TO, OR AS A CONSEQUENCE OF MOS. Conditions, if any, which gave) FAILURE RENAL rise ta immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse 10 DIABETIS MELLITIS + KINNIESTEL-WILSON DISEASE 5+YRS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(o) attending prior tal ARTERIOSCLEROSIS. O FUNERAL DIRECTOR: After this certificate has been GENERALIZED 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? use Health (YES 🔲 NO 🗍 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INHIRY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Þ the haspital TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Day Year detached for the period of the (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work 5-4 220. I certify that (1) (this hospital) attended the deceased from 3-29 _____, 19_66 , that (I) (we)) fost 19 6d , to Page 4 may be retained by 1966, and that in (my) (our) ppinion death occurred on the date and hour and from the sow the deceased ofive on-5-4 couses stated above, (1) Twe (did) (did not) view the body after death. 22b SIGNATHRE 22c. DATE SIGNED ATTENDING MED DIRECTOR PHYS. , page be filed 22d PHYS CIANS 22e. ADDRESS SEAN BLAIR M. KILLORAN NAME (Type) 7415 director, should by 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION. 23d LOCATION (City or Town) (State) REMOVAL (Specify) Green 24. FUNERAD DIRECTOR 25g. REC'D BY REGISTRAR 256 REGISTRAR S S GNATURE VR A15 (4) 1968 30M REV 1/68

DATE



/ N #		OPICE O DIVISION			RESTON STREET, BALTI		ND 21201	
FOR STATE ()		02114	MEDI	CAL EXAMINE	R'S CERTIFICATE	OF DEATH		111
HEALTH DEPT.		CEASED NAME F 151		M.dd e	Last			oth Doy Yeor 25 HOU
2 g b (t)	(ype or Print) Clau	de	Swanson	Shacklef	ord	OF ESTI- DEATH MATED X 5/	/L 1968 ?P
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L So De	caun	(y) Virginia	U.S.				orchester	h
Page vith fe	10 (TY OR TOWN OF DEATH		FAME OF HOSPITAL OR IN	STITUTION (If not in haspital	BH-16	JPATION (Kind at wark don	ne 12b KIND OF BUSINESS OR
after death 8 Give Pages along with for with the State leath		Cambridge	give	street address)	6 High St.	during most of y	working life, even if retired Odian	L) INDUSTRY Church
	130	LSUAL RES DENCE (Where decea	ied lived, if instit				3e STREET AND NUMBER	o rarou
s affe 18 Gi alang with death	a	Imission) STATE Md.	13P COUNTY	nrchester	Cambridge	YES NO	406 High	St
haurs Item 18 Office 1 1 and 2 v	14 F	ATHER'S NAME First	Middl		15. MOTHER'S MAID	EN NAME First	Middle	Last
A h		Nathani	el	Shack	leford	Julia		Brooks
hin 24 nail in niner's pages haurs	16a	WAS DECEASED EVER IN U.S. ARMED		16b SOCIAL SECURITY N		OULIA	ADDRESS	03 00ks
	{Y	es, ng, ar unknown) (II yes give	war or dates of service)		Ray Sha	cklefore	534 S.An	n St. Balto.
		18 CAUSE OF DEATH (Enter on	v one couse per	line for (a) (b) and (r)		<u>CALLOIT</u>		APPROXIMATE INTERVAL
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te, writi farwari e used temaval	CERTIFICATION	19a. DATE OF OPERATION		19b. CONDITION FOR V	HICH OPERATION			20. AUTOPSY?
	100			WAS PERFORMED?				YES [NO [X]
는 o g ' ' '		210 EXTERNAL CAUSE WAS		F INJURY Month, Day, Yeo	21c HOW INJURY OCC	URRED (Enter nature	of in Jry in Part 1 or Part	2, Item 18.)
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AMINER: the certiful the certiful files for files ge 3 shau ematian,	MED	21d INJURY OCCURRED 21e	PLACE OF INJURY	(At home, form, street,	21f LOCATION Street or	r R F D No.	City or Town	County State
EXAMINER tute the cer age 4 should be a sh		AT WORK AT WORK	ctory, office builds	ng, etc.)				
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- 6		REMOVAL (Specify) 5	/7/68	Green	lawn Cemete	1		orchester Md
et	24	FUNERAL DIRECTOR	// /	ADDRE		2Sa REC D BY REGIS		
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	17014	,		(CERTII	ICATE OF	DEATH				'	124	43
	ECEASED-NAME Type or print)	First	-	Middle		Last		2a.	DATE OF DEA		D	V	2b. HOUR
		HELEN				TITICHMA	N			Month MAY	18.	1968	1:35p
3. 5	EX		4 RACE			S. DATE OF B	IRTH			AGE (In years st bythday)		JNDER I YEAR	IF UNDER 24 HRS.
	FEMALE			OFRO ID		AUG	UST 9		05	62	YRS		
7o.	BIRTHPLACE (Stote on try)	or foreign 7	b CITIZEN OF WHA		8. MARR	IED 🔲 NEVER MAI	RRIED	9. COL	INTY OF DEA	TH			
	MARYLAN	D	US		WIDOW		RCED		DORCHE				M
10	CITY OR TOWN OF E		11 NA/	ME OF HOSPITAL OR INS reet oddress)	MOLTUTION	(If not in hospital	12o USU	JAL OCCI	LPATION (K n working life,	d of work d even if retir	one	12b KIND OF B	SUSINESS OR
,	CAMBRIDO		CAN	BRIDGE MI		BPITAL		<u>ل</u> ـــــــ	BOKEK			DOMES'	TIC
130 adm	MAR II AN I	(Where deceased	lived, it instituted to the country of the country	n Residence before		OR TOWN	136 INSIDE CITY YES N	LIM TS? FO		AND NUMBE			
					CAM	BRIDGE			E	AYLY			
14	FATHER 5 NAME	First	Middle	Last		15. MOTHER 5 M	IAIDEN NAME	First		Midd			Lost
14-	WAS DECEASED EV	ED IN HE ADME	UNKNOWN	16b. SOCIAL SECURITY I	In T	7 INFORMANT		DA_		Addre	MAE	C	OOPER_
, 90	Yes, pa or unknown	[If yes give wor		TWO JUCIAL SECURITY	10.		mma m	OMA	DEAD D			D *******	3.673
				1 () () 1 ()		ONDERIN	THE T	STA	UNUFF		AMB	APPROXIM	ATE INTERVAL
		H WAS CALISED I	SA.	for (a), (b), and (c)	,								SET AND DEATH
	6/103			MYOCARDI	AL	INFARCT	ION			-71-	-	MINU	TES
	Conditions, if any	/	DUE TO, OR AS	A CONSEQUENCE OF									
	rise to immedia	te cause (a),	(b)	A CONSEQUENCE OF									
	stating the unde	rlying couse	(c)	A CONSEQUENCE OF									
	PART 2 OTHER SI	GNIFICANT COND	17-	ING TO DEATH BUT NO	OT RELATE	D TO THE TERMINA	AL D SEASE OR	CONDITI	ON GIVEN IN	PART 1(o)			
77,00	<u></u>		31+Y							4.7			
AT ON	19a. DATE OF OPER	ATION 196. CC	INDITION FOR WHIC	TH OPERATION WAS PE	RFORMED	20g AUTO	DPSY?		20b. IF YES,	WERE FINDIN	NGS CONS	IDERED IN CER	RTIFYING
CERTIFICAT						YES	NO D	9	CAUSES OF	DEATH?			
	21a ACCIDENT W				21	. HOW INJURY OC	CURRED (Ent	er notur	e of injury in	Part 1 or Pa	rt 2, Item	18.)	
DICAL I	If either, notify i			Month Doy Year	}								
MEDI	21d INJURY OCC.	RRED 21e Pi		AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC.		f, LOCATION Stre	et or R.F.D. N	0.	City or T	ÓWΓ	(ounty	State
	While Not what work at wo	rk 🖵											
	22a. I certify	that (i) (this	hospital) atter	nded the decease	ed from	11-2	19.	7,	106	18	, 19_6	8 , that ((we) las
П	saw the	deceased aily	re an did to	<u>5−77</u> 1 did nat) view the	hody aft	and that in (1)	iy b(our) of	inion (deoth occu	rred on th	e date	and haur o	nd from th
	226 SIGNATURE	ored obove	1 (Me) (109/ (ald fidi) Fleat file	body di					Т	22c. DAT	E SIGNED	
	Ja	men 3.	M'agut	I MO). [EGREE PHYS		MED. Directoi		AFF IYS		5-24-	68
	22d. PHYSICIAN'S NAME (Type)					22e. ADI	DRESS						
	NAME (Type)	JAMES	F. McCA	RTER, M. D	<u></u>		704 IC	CUS	T STRE	er c	AMBI	RIDGE.	MD.
230	BURIAL, CREMATIC	N, 23b. DA	TE	23c NAME OF	CEMETERY	OR CREMATORY		23d.	LOCATION (C	ty or Town)	((ounty)	(Stote)
L	BURTAT	5	/22/68		BETH	ET.			CAMBR	IDGE		DOR.	MD.
24	FUNERAL DIRECTOR	10	1.00.	ADDRESS			25o. REC'D			2Sb. REGIST	RAR S SIG	NATURE	
	Hedelle	6 C. L	It lau	CAMBR	IDGE	, IO .	DAME!	29	1968	1	rug	10	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled may the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers—Pages 1 and 2 and 2 the burial, cremation, ar removal, and in any event, within 72 hours after death. VR 415 (4) 30M REV 1/68

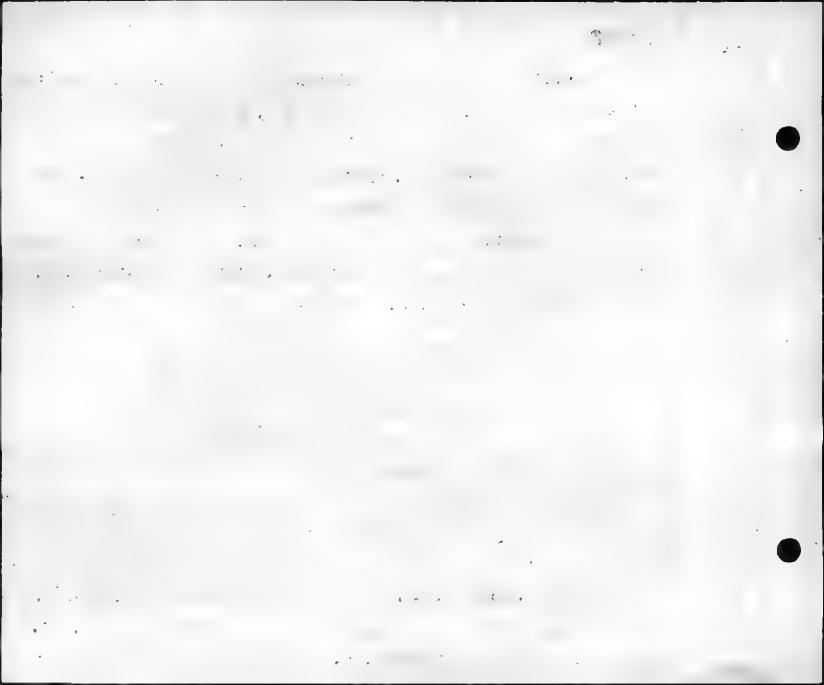
by the funeral

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24 hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

Page 4 may be retained by the haspital or attending physician.

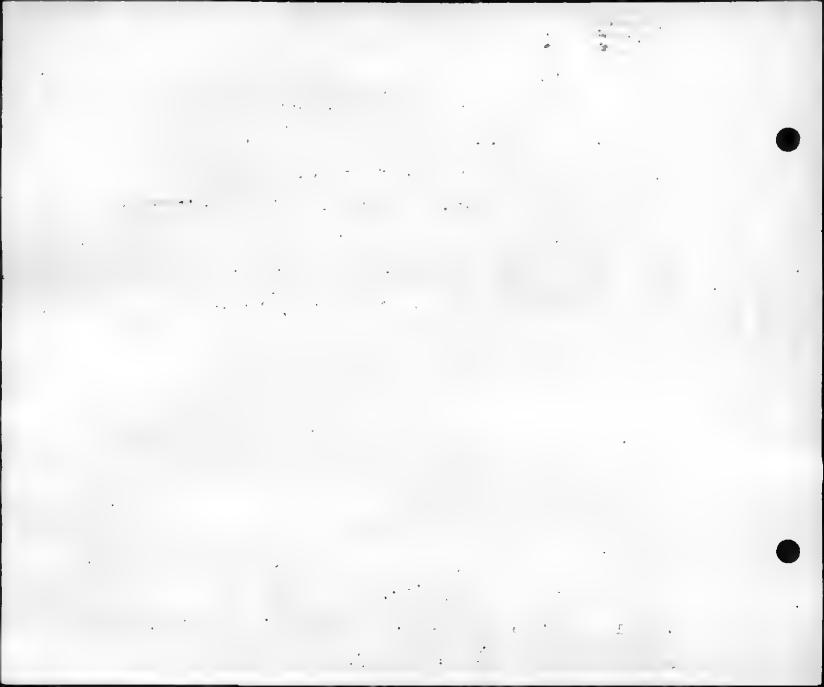


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

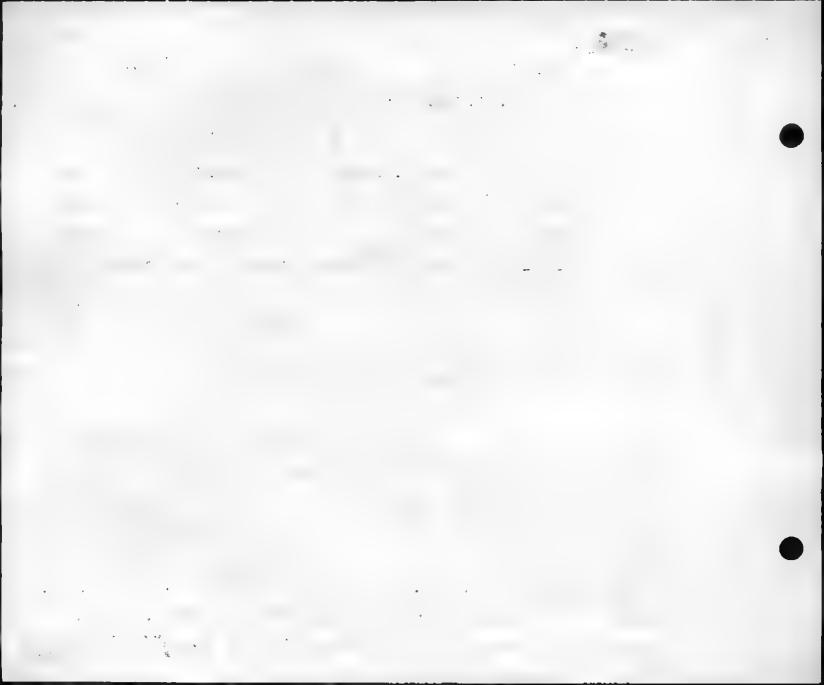
57020

Inst 2n DATE OF DEATH DECEASED NAME First Middle 2b. HOUR and 2 requires that the leath certificate be executed within 24 hours after leath. (Type or print) faneral MAY 8. 1968 MEEKINS TRAVERS 4 RACE S DATE OF BIRTH IF LINDER 1 YEAR 3. SEX LE SINDER 24 HRS 6. AGE (In years last bythday) 6/12/90 MALE WHITE 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED K country) and campletely filled in U.S. Mo. DORCHESTER WIDOWED [DIVORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR TASTERN SHORE STATE HOSP. during most of working life, even if retired.) INDUSTRY RURAL CAMBRIDGE 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 3d (NSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY 403 CEDAR ST. DOR. CAMBRIDGE гетаме and in any 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Lost SARAH RUARK MEEKINS TRAVERS please 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) [If yes give war or dates of service; signed by the attending physi burial-transit permit. Then pl burial, crematian, ar removal, 220-12-2404A the attending physnsit permit. Then I HOSPITAL RECORDS APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony/which gove) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse be retained by the hospital ar attending physician PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health prior ta 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO 🗔 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Dov (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME FARM, STREET, FACTORY, \ 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while at work 22a. I **certify** that (I) (this hospital) ottended the deceased fram 12/12 , 1967 , to 5/8 , 1968 , that (I) (we) last saw the deceased flive on 5/8 1968 , and that in (my) (our) opinion death occurred on the date and haur and from the , 19 68 , that (I) (we) last causes stated abave, (1) (we) (did) (did nat) view the body after death 22c DATE SIGNED 22b SIGNATURE ATTENDING 5/8/68 DEGREE PHYS DIRECTOR director, page shauld be filed 22e. ADDRESS Page 4 may 22d. PHYSICIAN S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) BUR AL, CREMATION 10, 1968 Dorchester Memorial Park Cambridge, Maryland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS FUNERAD SERVICE VR A15 (4)3 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE ALTH DEPT DECEASED NAME First Middie 2a DATE KNOWN LOST Month 2b HOUR Day Year (Type or Print) VRANA CHARLOTTE OF May Page 0 DEATH MATED 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOLR and 78 YRS White HOURS Female Dec. 17, 1889 Day 68 Year 7a BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 7b CIT ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Dorchester country) New York USA WIDOWED TY DIVORCED [Give Pages 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done after death 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspita 12b K ND OF BUSINESS OR WITH give street oddress)
Cambridge Cambridge during most of work ng | fe even fretired) INDUSTRY the Hospital Home death. With 130 USUAL RESIDENCE (Where deceased lived if institution Residence before 134 13d INSIDE CITY LONATS? 13e STREET AND NUMBER odmission) STAMaryland 13b COUNTY Dorchester in Item 18 YES NO 🔣 None hours and 2 ofter 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME Lost First M-ddle Charles Nonks Bailey Sarah Examiner's pages hours 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT pencl 16b SOCIAL SECUR TY NO be executed within (Yes, no, or unknown) (If yes give war or dates of service) LeCompte Funeral Service records Unk File No APPROXIMATE NTERVAL BETWEEN ONSET AND DEATH .⊑ within 18. CAUSE OF DEATH (Enter only one couse per line far (a) (b) and (c)) permit PART 1 DEATH WAS CAUSED BY. MMEDIATE (AUSE (a) Coronary occlusion Instant DUE TO, OR AS A CONSEQUENCE OF the Chief Canditians, if any, which gave rise ta immediate cause (a). This certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .5 farwarded ta PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removal, 19a DATE OF OPERATION 19b. COND T ON FOR WHICH OPERAT ON 20 AUTOPSY? WAS PERFORMED? the certif cate, YES 🗔 NO K 96 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of in vry in Part 1 or Part 2, Item 18.) 3 should shauld MEDICAL PRIMARY TOR CONTRIBUTING HOUR A.M. crematian, P.M. CAUSE OF DEATH 21e PLACE OF INJURY (At home, form, street, 21d INJURY OCCURRED 21f JOCATION Street or R F D No. City of Town County State foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK 220 I certify that I took charge of the remains described above, he dian. Autopsy Inspection X Inquiry . and in my opinion tuneral director Notural causes x. Accident . Suicide . deoth resulted from. Undetermined monner Homic de CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5/28/68 DEPUTY MED CAL EXAMINER EXAMINER'S may Malth John Mace Jr. ADDRESS(Street, cty, town, or county) Cambridge. NAME (Type 0 23a BUR AL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (Caunty) (State) 1968 Dorchaster Memorial Park Cambridge, Maryland 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR 2Sb REG STRAR'S SIGNATURE LeCompte Funeral Service, Cambrid ge, Maryland 1968

VR A15ME (5)



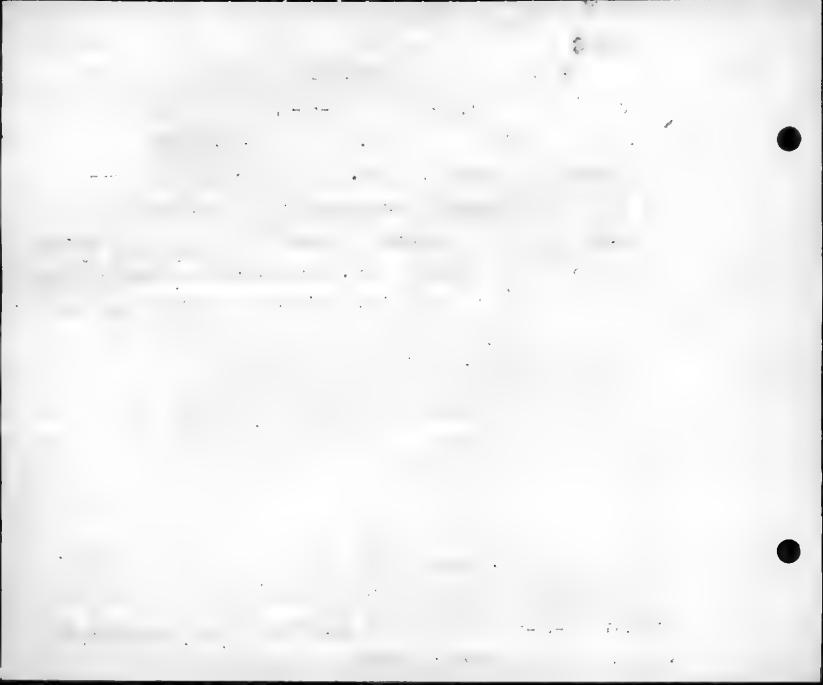
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

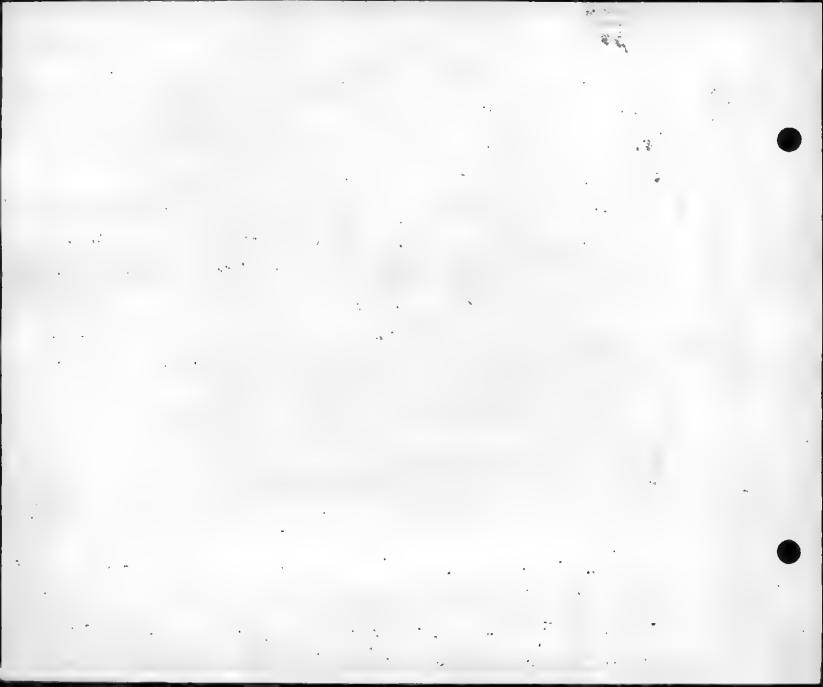
	87016		C	ERTIFICA	TE OF DEATH				,	* *
	EASED-NAME be or print)	First Grace	Middle	M-1	Last	2o. DATE (F DEATH Month	10°	Year	2b. HOUR
A CP14					oster				68	Les un men au line
3 SEX	F	4. RACE	White	5	DATE OF BIRTH 4-29-87		6. AGE (in last birthe	YRS.	F JINDER I YEAR MONTHS DAYS	HOURS M.N.
7a. Blf countr	RTHPLACE (State ar fare) Md	gn 7b. CITIZEN OF WI	HAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED DIVORCED	9. COUNTY O	F DEATH			M
10 CIT	Y OR TOWN OF DEATH Cambridg	e 9'C	AME OF HOSPITAL OR INS	Hosp.	n hospitor 12a. US during	Mat OCCUPATION Most of Working	N (Kind of wa	rk done	125 KIND OF INDUSTRY	BUSINESS OR
13o U udmiss	SUAL RESIDENCE (Where son)	deceased fived, if institute 13b. COUNTY	ipn: Residence before	13c. CITY OR TO	OWN 13d. INSIDE CIT	Y 1 MITS? 13e 3	TREET AND NU	MBER		
14. FA	THER'S NAME First	Middle	Last	15. 1	OTHER'S MAIDEN NAME	First		Middle		Last
	William		Webst		Ursula				Whavl	and
	VAS DECEASED EVER IN U., na, ar unknawn) 4 (If-		16b SOCIAL SECURITY N	O. 17. INF	DRMANT		410		1 St	
103	NE		Unknown	Mrs	Margare	t Ward	Bo	lto_	MD	MAYE INTERVAL
() r	PART I. DEATH WAS	MMEDIATE CAUSE (d) DUE 19 OR (gove) e (a), (b)	AS A CONSEQUENCE OF AS A CONSEQUENCE OF	3 1		- 10	Hen	n ple	7	nser and death 2. weeks
z	B	ant conditions <u>contribu</u>					``			
REIFICA	90. DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATION WAS PER	FORMED	20o. AUTOPSY? YES NO		IF YES, WERE F ES OF DEATH?	INDINGS CO	ONSIDERED IN C	RTIFYING
3	TO ACCIDENT WAS UNG OR CONTRIBUTING CAUS If either, natify medical	E OF DEATH HOUR A.M.		21c. HOW	INJURY OCCURRED (Er	nter noture of in	ury in Part 1 c	r Parl 2, I	tem 18.)	
0	21d. INJURY OCCURRED While Not while twork		AT HOME, FARM, STREET FACT OFFICE BUILDING, ETC.	/	TION Street or R.F.D.		y ar Tawn		County	State
2	22a. I certify that saw the decea causes stated	(I) (this haspital) att sed alive an abave, (I) (we) (did)	ended the decease - / O - 1' (did nat) view the b	d from	— <u>6</u> , 19 hat in (my) (aur) o oth.	68, ta_ ppinion death	occurred o			
	22b. SIGNATURE		Luso	MD DEGREE	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS.	224. [ATE SIGNED 6	8
. 2	2d. PHYSICIAN'S NAME (Type)	alos F. B	ARROSO	МЬ	S. MGIN	SI. Hu	chron	Md		
	BURIAL, CREMATION,	23b. DATE	23c NAME OF C			23d. LOCA	TION (City or To	iwn)	(County)	(Stote)
		5-12-68		hn's (emetery		l Isl			D
3	UNERAL DIRECTOR		ADDRESS			BY REGISTRAR	1968 RE	GISTRANG	TIGNATURE	usgi
10	rry ywil.	In Pri	incess An	ne MD	DATE	MHI T	ipoo		U	

IN MOSPITAL OR ATTINITING PHYSICIAM: The law requires that the death certificate be ellecuted within 24 llours ofter death

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the othending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, we





1	1	MARYLAND STATE DEPARTMENT OF HEALTH
EOD STATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEDT	-	1. DECEASED-NAME First Middle Last 2a DATE KNOWN Manth Day Year 2b. HOUR
MEALIN DEFT.		(Type or Print)
Am 2	1	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (IN YOURS IF CADER * YEAR F UNDER 24 HIS 2c DATE PRONOUNCED DEAD 2d HOUR
A Sade	?	MALE WHITE 10-18-83 84 YRS MONTHS DAYS HOURS MIN. Manth Day Year 1968 7:34
y Light		7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
N. S. O.	- {	GERMANY U.S. A WIDOWED DIVORCED DORCHESTER MC
Poges with fa		10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast of work ng life, even firetired.) 12. KIND OF BUSINESS OR during mast of working life, even firetired.) INDUSTRY
o ve		CAMBRIDGE EASTERN SHORE STATE HOSP. WATCHMAN
18. Glandalon alon death	17	13a USUAL RESIDENCE (Where deceased lived, if institut an Residence before 13c CITY OR TOWN admission) STATE. 13b COUNTY to 13d MSIDE CITY UM 15? 13e STREET AND NUMBER
urs ce ce ce	-/-	MARYLAND QUEEN ANNE'S CHESTER 100 100
he of the	~	14. FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Last - しん Kadowa
hin 24 ncil in niner's poges hours	-	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17, INFORMANT ADDRESS
	L	(Yes, no. (Yes,
	F	8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) APPROX MATE INTERVAL BETWEEN CHISTE AND DEATH
word "pending in the Chief Medical Ex riol-transit perm t F		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) Terminal One 2 clays
Mark of the		DUE TO, OR AS A CONSEQUENCE OF
be exe "pend nef Me ansit pe	1	(and thans, fany, which gave) note to immediate cause (a). (b) Tractor Mark M. Jemus 33 clay
world world the Charles Charle	`	stating the underlying cause DUE TO, 9R AS A CONSEQUENCE OF
		as1
g the ed t		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
r ting rarde rarde rd os		[190. DATE OF OPERAT ON 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY?
is certific te, wr tin forward e used os removol,		190. DATE OF OPERAT ON WAS PERFORMED? 190. DATE OF OPERAT ON WAS PERFORMED? 20. AUTOPSY? YES NO NO NOTION TO PORT 2, Item 18.
The be	Ì	210 EXTERNAL CAUSE WAS , 216 TIME OF NURY Month Day Year ZIC. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
		3 PR MARY OR CONTRIBUTING HOUR THE HOUR
MINER: the certit the should refiles. the 3 shou motion,		21d INJURY OCCURRED 21e, PLACE OF INJURY (At harm street, 21f. LOCATION Street ar R.F.D. No. City ar Tawn County State
CAN te the pe 4 your oge crer		WHILE AT WORK
Cecu Pog For Ne.P		22a certify that I took/charge of the remains described above, held an Autapsy Inspection Inquiry , and in my apin an
For the second s		death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner
lease durecte durecte troine DIREC		CHIEF MEDICAL EXAMINER
요_ = =		SIGNATURE 226 DATE SIGNED / C// C
5 5 9 2 5		EXAMINER'S DEPUTY MED CAL EXAM NER ADDRESSES AND ADDRESS
necessory, the funero 5 may be 10 FUNERA		NAME (Type) JOHN MACE M.D. ADDRESS(Street, dry, trawn, of 1990(1)) GLENBURN AVE CAME M. 23a BUR AL (PENTATION). 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Strate)
7 - 10	8530	DURAN SOR OF CHAPTER OF CHIEF
RS	8	24) FUNERA D. RECIDE 250 REGISTRAR 255 REGISTRAR S SIGNATURE
VR ATSME (5)		sponer H. Bouton to Bouton (Stor Contientle Mil. DATE MAY 1 3 1968 filliantes Judge



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 CERT

The state of the s	
IFICATE OF DEATH	07

	REGI	(A)			CERTIFI	CATE OF D	EATH			07	025
	SED-NAME or print)	First Erema		Middle Wilson		Wright		20. DATE OF	Month 25 Do	oy 19 68	2b. HOUR 3;30
. SEX	Female	•	4. RACE	White		S. DATE OF BIRT	, 10,	1885	6. AGE (In years loss birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS Min
o. BIRT ountry)	Mary L	foreign 75	U	• S •	WIDOWE		ED 🔲		ester		Md
	OR TOWN OF DE	idge	giv	NAME OF HOSPITAL OR IN:	-Mar	yland	12o. USUAI during	OCCUPATION st of working	(Kind of work done life even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
30. USU dmissio	IAL RESIDENCE (V	Where deceosed	lived, if institution 13b. DOT	ution: Residence before		n TOWN 13	ES NO	[REET AND NUMBER	Willie	Sta.
	IER'S NAME	First	Middle	Lost Wile 116b. SOCIAL SECURITY	on	IS. MOTHER'S MAIL		rst COMPA	Middle	El	lost
18. Con riss sto los los PAA / 1900 PA	part I. DEATH ditions, if dny, e to immediate ting the underly	WHY (Enter only of WAS CAUSED B IMMEDIATE Which gove of couse (0), ying couse) TION 19b. COI S UNDERLYING	DIE COUSE PER Y: CAUSE (a)	AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF BUTING TO DEATH BUT N WHICH OPERATION WAS PE OF INJURY Month Doy Yeor	OT RELATED RFORMED 21c.	TO THE TERMINAL I	DISEASE OR CO	ONDITION GIVE	N IN PART 1(a) YES, WERE FINDINGS OF DEATH? Ty in Port 1 or Port 2,	APPROVIDENCE OF CONSIDERED IN CE	MAJE RICEVAL HISE AND DEATH
21 WM at w 222	d. INJURY OCCUR hile Not while lo. I certify t saw the d couses sto b. SIGNATURE d. PHYSICIAN'S NAME (Type)	RRED 21e. PL le 21e. PL le 1) (this leceased aliv atted above, (haspital) at e on	(AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC. tended the deceosi) (did not) view the	ed from 9.68, a body afte	r deoth. GREE ATTENDING PHYS. 22e. ADDRE	(our) opin	7, to 20 nion death of the RECTOR	STAFF 222c PHYS. \(\square\)	DATE SIGNED	£
	IRIAL, CREMATION MOVAL (Specify) IERAL DIRECTOR	May	28,1	23c. NAME OF Chris	t Ch	z rekva r	So. REC'D BY	Car	ON (City or Town) MDridge. 2Sb. REGISTRAR	(County) S SIGNATURE	(Stote)

Cambridge, Md.

DATE MAY

VR A15 (4) 30M REV: 1/68

rs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deg Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funding to the formal to the filed with the State Dept. at Health prior to burial, cremation, ar remayal, and in any event, within the formal to the

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. St paletice	2,50083200	. · / // //	s tra. Do	[6-18-17]	A.		Faris
	6,			10.3			
		4					

Parisi Day 53,2556 dariet dhareture et Carbridge, Md.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07020 07026 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR (Type or print) Month WELLS Wright Raymond 3. SEX 6. AGE (In years 1E UNDER 1 YEAR 4. RACE 5. DATE OF BIRTH MONTHS Whi te 11/21/ Male 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED A NEVER MARRIED U.S. Dorchester Md. WIDOWED DIVORCED

12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Cambridge-Md. Hospital during most of working life, even if retired.) Cambridge 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Dorchester YES T Cambridge 310 West End Ave

Bertha Henry Martin Wright 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address [(I) yes give wer or dates of service) Yes, na, ar unknown) Mrs. Orville Willis

Last

Middle

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH OF DECENDING COLON IMMEDIATE CAUSE (0) CARCINOMA E METASTASIS DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise ta immediate cause (a),

IS. MOTHER'S MAIDEN NAME First

DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

DISEASE

ARTERIOSCEROTIC 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19g. DATE OF OPERATION 20a. AUTOPSY?

CAUSES OF DEATH? CARCINOMA YES T NO IN 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year

(If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County

21d. INJURY OCCURRED
While Nat while at wark

22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR ATTENDING DEGREE PHYS

22d. PHYSICIAN'S 22e. ADDRESS NAME(Type) Alfred R. Maryanov, M.D. 610 Race St., Cambridge, Md. 21613

23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23a. BURIAL, CREMATION, (County) Christ Churchyard Cambridge Dorchester Md.

24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2 Cambridge Md.

2Sb. REGISTRAR'S SIGNATURE Miarley Judge

12b. KIND OF BUSINESS OR House

Lyle

State

Cambridge Md

requires that the death certificate be executed within 24 hours after death physician and completely filled in by the ban papers. Pag. remove carban and in any burial-transit permit. far use as the b f Health prior tab O FUNERAL DIRECTOR: After this certificate has been be retained director, page should be filed

14. FATHER'S NAME

VR A15 (4) 30M REV, 1/68

